

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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THE INNOVATIVE BRAND LEADER

3 February 1996

**DoH to test use of
instalment scripts**

**Compensation proposal
to go before Council**

**PR spotlight to be
focused on RPM issue**

**Diagnostics:
in-pharmacy
tests break
new ground**



**Update: the endocrine
system and sleep talk**

**Crime cost retailers
£1.5bn last year**

**EC approves Kimberly-
Clark merger with Scott**



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 - Dermatitis
 - Eczema
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 - Psoriasis
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- Lanolin free
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Dermatological Cream

For Dry Skin Conditions

 Norwegian Flag

100g



EFFECTIVE FOR DRY SKIN CONDITIONS IN:

Graph to show rehydration over time.¹

The graph plots % over baseline skin conductance (Y-axis, 0 to 800) against Hours after application (X-axis, 0 to 8). A red line represents Neutrogena, and several black lines represent other moisturisers.

Hours after application	Neutrogena (%)	Other Moisturisers (%)
0	0	0
4	~380	~200 - ~120
8	~780	~270 - ~140

NEUTROGENA IS SHOWN IN RED
OTHER MOISTURISERS ARE IN BLACK

Pleasant to use

For the management of
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1. Clinical Study, St. John's Dermatology Unit, St Thomas' Hospital (Data on file)

2. Clinical Studies. Neutrogena Corporation (Data on file)

100g

EFFECTIVE FOR DRY SKIN CONDITIONS IN:

Eczema Psoriasis Dermatitis Ichthyosis Winter dry skin

ACTIVE INGREDIENTS

DOSE AND ADMINISTRATION

ETC For external use only

PHARMACEUTICAL PRESS

ADDRESS OF LICENCEE

% w/w **USES:** Indicated for the treatment of...

or as directed by physician. **CONTRA**

ces, transitory minor skin irritations

LEGAL CATEGORY: GSL FURTHER

kin conditions PL No: 5165/0007 PL

• **Lincoln Foundation Park, Rock**

114

2001

ONLINE

Health minister Gerald Malone announced plans this week to set up pilot schemes for repeat and instalment dispensing, to test the benefits of allowing pharmacists to handle such prescriptions (see p149). Not before time, some might say! Both PSNC and the Royal Pharmaceutical Society have for years lobbied for such arrangements, convinced that they will cut wastage, save GPs unnecessary paperwork and, more importantly, allow regular and effective monitoring of patients on long-term medication.

Mr Malone's announcement fulfils the Department's undertaking to set up such pilots once the results of its 'bathroom cabinet' survey were known. That has taken 12 months longer than anticipated, and reveals that 8 per cent of prescribed medicines are partially or completely unused, and that nearly three-quarters are obtained on repeat prescription. Evidence, perhaps, of research confirming anecdotal evidence. The timing, however, seems to have caught both the Society and PSNC on the hop. There has been no hint that action was imminent, but the April deadline to get the studies under way should concentrate minds wonderfully.

Mr Malone has stated that closer relations between pharmacists and GPs are desirable. Indeed, one of his reasons for supporting repeat dispensing schemes is to "allow pharmacists to play a more active role in the primary healthcare team, for example by liaising with the GP when the patient no longer needs the prescribed medicine". For those who still need convincing that pharmacists have a genuine place in primary healthcare, the pilot schemes can be seen as an mark of confidence from the Government. But in these days of evidence-based medicine, they must prove effective if they are to be universally adopted.

CHEMIST & DRUGGIST

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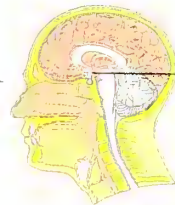
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C&D now on the Internet

Chemist & Druggist is now on the World Wide Web with the latest news, classified advertisements and a growing range of reference material of interest to community pharmacists and the industry – plus hot links to other informative Internet sites.

Find us at:
<http://www.dotpharmacy.com>
 Or on e-mail:
chemdrug@dotpharmacy.com

LPC elections in new health authorities

Nominations are being sought for pharmacists to stand for election to local pharmaceutical committees in 45 of the 105 new health authorities.

Elections for both contractors and employee pharmacists will occur where new HA boundaries differ from present family health services authorities' borders.

Any contractor (except those represented by the Company Chemists Association or the Co-operative Pharmacy Technical Panel) or employee pharmacist in affected areas yet to receive a nomination form should contact their LPC secretary.

Nominations should be returned to the Pharmaceutical Services Negotiating Committee by February 9. Voting papers will be issued by March 1, to be returned to the Electoral Reform Society by March 15. Results will be announced by March 29.

Check-out health screening at Tesco

Shoppers at Tesco will soon be picking up a free urine testing strip along with their weekly groceries as part of the supermarket's first major health screening initiative – in tandem with Bayer.

From February 19, all 120 Tesco pharmacies will be displaying posters on the symptoms of diabetes and informing customers that they can ask the pharmacist for a free urine testing strip.

"This test does not screen for diabetes, but can help detect whether the patient is showing one of the symptoms," says Mike Rudin, Tesco's superintendent pharmacist.

A comprehensive leaflet explains what customers should do if their test is positive.

Minister moves on repeats ...

Health minister Gerald Malone has announced plans for a pilot study of instalment and repeat dispensing. The sudden move has surprised pharmacy bodies, which have been requesting such an initiative for some time.

Mike King, assistant secretary to the Pharmaceutical Services Negotiating Committee, says the PSNC welcomes the proposal and will be meeting the Department of Health on February 7 to discuss it.

Roger Odd, head of practice at the Royal Pharmaceutical Society, says: "We welcome the news and look forward to being involved in what is going on."

Mr Malone made his announcement following the 'bathroom cabinet survey' carried out to determine the level of unused prescribed medicines in the home. Another report, 'Patients not paper', has recommended the DoH introduces a system of "serial repeat prescriptions".

Repeat dispensing would involve pharmacists providing repeat supplies without further authorisation from, but with prior agreement of, the doctor. Amounts would be for long-term treatment, eg monthly supplies.

Instalment dispensing would involve smaller amounts, eg CDs.

The minister has decided to set up "some pilot schemes to test

whether allowing pharmacists to dispense prescriptions in instalments can reduce the amount of medicines which never get taken".

He believes that spending on unnecessary quantities of drugs will be reduced and thinks repeat or instalment prescribing may:

- improve patients' understanding of their medicines and how to take them through more frequent contact with pharmacists
- reduce paperwork for GPs
- cut the chances of accidental poisoning by reducing the amount of medicines in the home
- allow pharmacists to play a more active role in the primary healthcare team.

The NHS Executive aims to introduce pilot schemes in April. It is looking for doctors, pharmacists and patients to take part, but the initial number of trial sites is expected to be small.

A new prescription form will be issued for participants, but payments and remuneration still have to be settled.

The 'bathroom cabinet', or Residual Medicines, report reveals:

- less than 1 per cent of prescribed medicines in UK homes remain unused

- only 8 per cent remain partially unused

- proportionately more anti-infective drugs were residual

- information about how long a

medicine should be taken for was missing from the label in 64 per cent of unused medicines and 51 per cent of those for future use

- a quarter of households have no prescribed medicines, while 18 per cent have five or more. The average is 2.6 medicines per household

- three-quarters of medicines were currently in use or not yet started. Over a tenth were partly used and being kept for the future
- more of the residual medicines were for 16-44-year-olds, whereas more of those currently in use were for those of 55 or over

- almost two-thirds of medicines were in solid dosage forms. Over 40 per cent had no information on the label about the length of time they should be taken for

- central nervous system medicines account for 25 per cent of prescribed medicines in the home, cardiovascular for 21 and respiratory disorders for 16 per cent

- only 6 per cent were to be taken for 15 days or less

- 56 per cent were for females

- over a third of the medicines prescribed for those under 25 were for respiratory conditions

- three-fifths of central nervous system and gastro-intestinals were for females

- half of the households normally throw away unused medicines, while a sixth return them.

Axon allays complaints' concerns

The Pharmaceutical Services Negotiating Committee is advising pharmacists not to worry about the introduction of new-style NHS complaints procedures in April.

In response to enquiries from concerned pharmacists, PSNC secretary Stephen Axon says the new process will differ little from procedures already in place.

Under the new system, pharmacists must have an in-house complaints procedure which has to be published on their practice leaflet. This should be pharmacy-based and owned, with manage-

ment entirely by the pharmacist. Complaints should be acknowledged within two days and records should be kept of all matters relating to them.

But Mr Axon stresses that this is only necessary where there are "complaints, investigations and outcomes – not grumbles". As such, pharmacists must differentiate between a complaint and what Mr Axon terms "a beef", which is generally dealt with informally within the pharmacy.

The health authority will only become involved in a complaint at a patient's request. But the

National Pharmaceutical Association points out that pharmacists seldom get complaints about NHS services and only in rare cases would it be necessary for more formal action to be taken.

The Department of Health is to issue a 24-page guidance booklet, which has been discussed with the PSNC. The NPA is also producing a pack for members.

Mr Axon adds that changes to the disciplinary procedures will also occur, but this will require changes to contractors' Terms of Service, which have yet to be finalised.

Assistants sit 'straightforward' MCQ paper

The first wave of pharmacy staff has sat the Royal Pharmaceutical Society's multiple choice exam for experienced assistants.

Feedback among them suggests that it was perceived as "reasonably straightforward" and similar in style and content to the sample questions issued

by the Society. The RPSGB is considering publishing the question paper in the pharmaceutical press.

Although no figures are yet available for papers returned, some companies are opting to sit later in the year, or omit the exam in favour of undertaking

the Medicines Counter Assistants courses.

Tesco had five assistants sit the exam. Safeway staff are undergoing the MCA course.

The next examination is likely to take place at the end of May, with the final exam at the start of November.

Wilts LPC votes out its Boots chairman

Chairman of Wiltshire LPC, Boots' manager Stephen Williams, has resigned after an 11-2 vote of 'no confidence' at a committee meeting on Monday.

The LPC decided that "in view of the Durrington issue, the LPC has no confidence that the chairman could represent the Committee's views officially ..."

In a statement put out after the meeting, the LPC says Mr Williams' position had become untenable in view of Boots the Chemists' action in not accepting the verdict of the RPSGB Statutory Committee and continuing with a collection and delivery service at Durrington.

"The LPC regrets the necessity for the action brought about by this one issue. Stephen has been an able chairman and has helped Wiltshire LPC secure funding from the health authority for many local initiatives which have been taken up by independent and company pharmacies alike."

The LPC is seeking an urgent meeting with Boots' assistant pharmacy superintendent, Joy Wingfield.

Compensation scheme idea to get Council airing

A compensation scheme for pharmacists relinquishing their NHS contracts is to be presented to the Royal Pharmaceutical Society's Council next week.

The initiative is the brainchild of Council member and founder of the Pharmacy Support Group Hemant Patel. He believes that control of entry and exit should be considered in tandem.

The first move would be to freeze the number of NHS contracts to the current level, including dispensing doctor contracts. Those who wished to give up their contract would sell them to a national contracts buying agency for a 'market' price.

The seller would also pay a fee into a 'transfer fund' for administration costs. This levy would be set at around 1 per cent of the selling price.

"What this scheme would do is to enable those trapped with a contract and getting nothing for

their investment to go into retirement with dignity," says Mr Patel.

New contracts would attract a 'pharmacy premium', which would be used to pay for the relinquished contract. Mr Patel suggests a minimum figure of \$35,000-\$10,000.

But existing proprietors will also benefit. "It adds financial security to the NHS contract, which improves both the ability to borrow and ability to borrow cheaply. The result is improvement in cash flow." In addition, there will be no increased local competition. But Mr Patel concedes the move may not be able to halt the demise of independents and may possibly lead to a rise in the number of multiples.

He adds that further money for research could be obtained by the PSNC setting aside 1 per cent of its total budget. He is to present his proposal to the Committee next month.

Another rural judicial review pending

Disputes between dispensing doctors and rural pharmacists continue unabated, with Yorkshire GPs now seeking leave to appeal against the granting of a pharmacy contract.

An unnamed dispensing doctor practice is seeking a judicial review of a decision by North Yorkshire Family Health to grant a pharmacy contract in the village of Dunnington, some eight miles outside York. The pharmacist is already on the health authority's pharmaceutical list and as such the application bypassed the pre-judice to medical services test.

The GPs had no right of appeal against the FHSA's judgment.

The National Pharmaceutical Association has pledged its full support for the pharmacist.

Birmingham FHSA gets more needle

Birmingham Family Health Services Authority is hoping to recruit more pharmacies to its needle exchange scheme, following a marked increase in the number of participating pharmacies and syringe packs distributed.

The total number of packs handed out increased by 20.7 per cent. Forty pharmacies distribute over 1,100 needle/syringe packs a month. The return rate is about 18 per cent, although the FHSA believes many used syringes are taken to drug agencies.

The FHSA provides separate funding for the scheme, in which pharmacies can earn up to \$6,000 a year. A total of \$26,474 was paid during 1994-5.

Guild reviews future

The Guild of Hospital Pharmacists is reviewing its future.

A questionnaire has been sent to all hospital pharmacists this week, the first stage of a consultation to determine the Guild's relationship with the Manufacturing Science and Finance Union.

Dr Gerard Lee, editor of 'The GHP' newsletter, says the council will act in accordance with the membership's views. He believes that the support the trade union can give in negotiation is very important.

Dr Lee adds that the survey aims to find out more about the opinions of non-Guild members. While membership of the GHP is increasing, currently over 70 per cent of all hospital pharmacists are members, the council wishes to know why this is not 100 per cent.



New drug testing kits target worried parents

Parents concerned that their children may be taking drugs can now turn to Drug Alert, a new DIY drug testing kit.

And there's no reason why pharmacists shouldn't stock it along side all their other diagnostic kits, argues Simon Carr, Drug Alert's marketing manager. "It's the logical place for it," he says.

The kit (currently mail order only, but due to be distributed through pharmacies shortly at a cost of \$32.95) contains every-

thing needed for an accurate test:

- pre-moistened sample collector (a swipe) in a sealed pouch
- return envelope
- individually-numbered seal for sample collector return pouch
- individually-numbered identity card.

Once a targeted area has been 'swiped' (any surface coming into contact with a person handling illicit drugs), the swipe is returned to Drug Alert's Manchester laboratory for analysis.

Mr Carr denies that the kit encourages 'a Big Brother mentality'. "The kit really is a last resort for a concerned parent," he explains. "It is for parents who have exhausted all other avenues and, rather than just turn a blind eye, actually decide to confront the problem."

Positive analyses are returned with information on the identified drug and advice on the next step to take. Drug charity contact numbers are provided, too.



Topical Reflections

Assistants' exam well pitched

Last Thursday, January 25, was the first opportunity for experienced medicines counter assistants to sit the Royal Pharmaceutical Society's multiple choice examination. Only one of my girls felt sufficiently confident to enter this the first time and, of course, it had to be Dotty! But credit where it is due, she has conscientiously been running my shop for a very long time now, and even if she was understandably nervous, I was fully confident of her ability.

That ability was not achieved by a succession of previous examination passes. She left school at 16, academically an apparent failure, but with a determination to succeed in a job she enjoys. It is my good fortune, and that of my customers, that she has demonstrated a natural affinity for community pharmacy and, having had a quick glance at her examination paper, I will be amazed if she has not passed with flying colours.

This was also a new experience for me, since this was the first time I had ever sat as an invigilator at an examination. There were one or two questions that raised

my eyebrows a little, but overall I consider the paper was fairly set and will properly serve its purpose to test for basic, but essential, knowledge.

The only thing that could catch out an ill-prepared candidate was the number of questions, so speed was essential, but since all staff have to think on their feet that is no bad thing. All in all, I was impressed at a balance well struck and wish all those assistants who sat this first examination the success I am sure they all deserve.

A few thoughts on television advertising

This winter, the weather has not encouraged me to paint the town red and, in any case, with advancing years, I am more inclined to seek my relaxation in front of a roaring fire, amber nectar in hand and watch more television than I know is good for me. Perhaps for this reason I have also been more aware of the advertisements and, in particular, those for OTC medicines, where painkillers, cold and flu remedies, and cough mixtures predominate.

Since my livelihood partly depends on the efficiency of these advertisements, I should not complain, but I am concerned about the lack of disclosure within them. In rapid succession I watched adverts for Panodol Plus, Nurofen, Anadin Extra, Nytol and Migrave, but never once was there any disclosure of active constituents, only the

ubiquitous quick flash of 'always read the label' to distinguish between the often-conflicting claims of the pharmaceutical industry.

The only exception to this was an advertisement for Rennie Rapeze, which, although suffering from the common problem of marketing antacids like sweets, did properly disclose the active ingredient.

Television advertising is expensive so contents disclosure that is meaningful would also be costly, but, where potentially powerful medicines are involved, it is irresponsible to encourage their consumption without any indication of the actual drug being marketed.

If one pharmaceutical company is able to disclose contents, then so can all the others. The technicalities of this information may initially make little impression on the consumer, but, given time, a common style of presentation, controlled by the voluntary advertising code of the pharmaceutical industry and by guidance from the community pharmacist, would emerge. Drug disclosure would quickly become accepted as a necessary requirement for the informed selection of all OTC medicines.

Raging on ...

I have not had a good rage since Christmas, but, with the number of antibiotic mixtures I am currently dispensing, my blood pressure is not being improved by the poor quality bottles being supplied by Norton. Child-resistant caps are an excellent idea, but as another plastic bottle collapses under the pressure of my hand, I wonder whatever happened to that good old-fashioned alternative ... glass?

Time for a change

I have often wondered what our Society does on our behalf, as we seem to be constantly ten years behind the rest of the UK. The introduction of protocols for the supply of OTC medicines is a timely example. Protocols were to become (and possibly did become) a professional requirement on January 1. This date has come and gone with no official comment from the Pharmaceutical Society of Northern Ireland.

I fully support the need for OTC medicine protocols. They improve the service we give to our clients, but, more importantly, they are politically sensible. Their existence provides Government with evidence that we are giving a service that cannot be replicated elsewhere. This will be significant when our monopoly in the supply of OTC medicines is eventually considered.

The size of the pharmaceutical profession in N Ireland, with only 1,400 members and resultant limited resources, restricts professional development. To progress all we can do is ape Royal Pharmaceutical Society initiatives.

Our existence as an independent pharmaceutical society goes

It may sound like heresy, but I see merit in amalgamating the PSNI with the RPSGB

back to 1925, when, after partition, the profession in N Ireland decided to go it alone, splitting off from the Pharmaceutical Society of Ireland. The political agenda of 1925 is of little relevance today as we have not had a decision-making Government since 1971.

It may sound like heresy, but I see merit in amalgamating the PSNI with the RPSGB. Forfeiting our apparent independence would be of little consequence and with no drawbacks. The benefits would be manifold; we would have the support of a modern national organisation, the current Council would become the N Ireland Executive, our offices would be retained and our secretary and staff would remain as employees. The assets of the Society could be transferred to the RPSGB and, in return, each member in N Ireland could receive one or a number of years' free membership of this larger, more influential body.

Written by a practising N Ireland community pharmacist.

Pax up your troubles ...

For business or holiday travellers, new Travel-Pax provides a selection of self-medicaments to help alleviate minor illnesses encountered 'on the move'.

The pack, which retails at \$19.99, includes paracetamol, loperamide, terfenadine, bisacodyl, cinnarizine, ibuprofen, hypromellose, hydrocortisone cream and an antiseptic cream. Also included is an advice booklet, 'A guide to holiday health'.

The launch will be supported by a national press advertising campaign, which breaks on March 11.



● Pax Health Care has been set up by two GPs, Dr Chris Powell and Dr Martin Busk, together with a marketing specialist, Robert

Woodbridge, with the financial backing of BIC, a venture capitalist.

Pax Health Care Products Ltd. Tel: 01233 860832.

Get plastered and breathe

Easy Breathing Nasal Strips promise to help people breathe better during exercise.

They may even help people to stop snoring.

Developed in the US and currently being sported by many rugby players in this country, the thin plastic strip is held against the bridge of the nose by hypoallergenic adhesive tapes. When properly placed, the strip gently pulls outward, opening the nasal passages which lie underneath.

A pack of ten retails at \$5.95.

Lake Health Company. Tel: 0171 629 1989.

Natural answer to asthma

Bioserum is introducing a new Spanish herbal concentrate, Herbetom Pulm, for the treatment of asthma.

The formulation includes herbs that have a wide range of therapeutic actions, including expectorants, spasmolytics and emollients, says the company.

The ingredients of the treatment include: extract of elder, pine buds, thyme, plantain, eucalyptus, aloe vera concentrate, propylis and beta-carotene.

It retails at \$12.95. **Bioserum (UK) Ltd. Tel: 0181 904 1735.**

Parental pointers

Unichem's second themed campaign of the year focuses on childhood ailments.

The company has produced a special consumer leaflet (free to Goldpartners) to support the promotion, as well as taking advertorials on the subject in the mainstream consumer press.

Unichem plc. Tel: 0181 391 2323.

Tixylix tie-up

Tixylix has teamed up with the UK's most popular women's magazines to offer over four million women the chance to receive a free kiddies' activity bag.

Valued at £15, it contains a story book and cassette tape, colouring book and crayons, a forehead thermometer, a Tixylix medicine spoon and a copy of Tixylix's 'Making it better' guide to child health.

Reader offers will run from now until April and, while the number of bags is limited, all applicants will receive a copy of the guide.

Intercare Products Ltd. Tel: 01734 790345.

Dentures, gums and Gelkam

Colgate is introducing Fluorigard Gelkam, a patented 0.4 per cent stannous fluoride formulation which is clinically proven to reduce dental decay.

It is recommended for a variety of conditions, including those who suffer from reduced salivary flow (as a result

of drug therapy or disease), as well as those with exposed root surfaces following gum surgery or treatments.

Gelkam (\$3.99) is a mild mint gel which should be applied by toothbrush at night.

Colgate Oral Pharmaceuticals. Tel: 01483 464587.

Vegan option from Quest Vitamins

Quest has launched a Super Once A Day Vegan formula, which provides 11 vitamins and 12 minerals.

The supplement also features a high level of vitamin B12, which can be particularly lacking in vegan diets. The pack is identifiable through the

use of the Vegan Society logo. A 30 tablet pack retails at \$5.19.

Quest is also introducing a 100ug folic acid supplement to complement its existing B vitamin range (pack of 30 tablets, \$2.99).

Quest Vitamins Ltd. Tel: 0121 359 0056.

Natural healing from Peter Black

Peter Black Medicare is introducing its novel approach to skin healing to the pharmacy market – the first products to be launched by the one-year-old company.

The new 'pharmaceutical cosmetic' ranges – Raderma for radiotherapy-damaged skin and Juno for use post-mastectomy – are formulated from plant extracts.

Raderma offers a two-stage treatment: Raderma 1 for use before and during radiotherapy, and Raderma 2 for use post-therapy.

The former contains 100 per cent freeze-dried aloe vera, honey, vitamin E and an active ingredient of camomile, alpha bisabolol, in a non-occlusive gel. It is said to soothe, cool and maintain skin hydration during the inflammatory, granulating and exudative stages of burn healing. Raderma 2 contains camomile, alpha bisabolol, burdock root, zinc oxide and coconut oil as a semi-occlusive emulsion for use in the progressive hydration of

skin, around four weeks after treatment.

Although unlicensed, the company is making formal presentations to the Medicines Control Agency and is undertaking a series of informal phase I clinical trials.

The second range is aimed at promoting healing of post-mastectomy wounds. Juno 1 is a cooling aloe vera gel for use in the granulating stages, where skin is hot, wet and inflamed; Juno 2 contains evening primrose oil, geranium oil, vitamin E and camomile in a cream base to aid re-epithelialisation and counter itchy, dry skin; while Juno 3 comprises rosehip oil, mimosa extract and butcher's broom to relieve hyperpigmentation of scar tissue.

All products come in 100g pots with a controlled dosage system releasing 1g of cream/gel by pressing the innermost lid of the package. All retail at \$9.99.

Peter Black Medicare Ltd. Tel: 01225 775878.

A toast to your very good health

Laughton & Sons has started up its free wine for Christmas promotion again for 1996 following its success last year.

Pharmacists will receive a free bottle of wine with every \$350 invoiced sales of Laughton's brands.

The brands included are Lady Jayne,

Manicare, Solo, Bébelles, Stratton Combs and the Disney range of hair accessories.

The promotion runs until November, but interested retailers should register with the company before the end of April.

Laughton & Sons Ltd. Tel: 0121 436 6633.

Thermal S marks new Vichy

Thermal S is a new moisturiser from Vichy which spearheads the brand's relaunch and repositioning.

Olivier de Malezieux, managing director of Cosmétique Active, is trying to establish a revitalised image for the brand. Vichy's new focus is skin health, with an advertising tagline which reads: 'The source of healthy skin'. All products now contain Vichy thermal spa water, renowned in France for its soothing properties.

"It's not just spring water," explains Mr de Malezieux, "it's active water."

Vichy water is rich in minerals and oligo-elements. The new product is available in two variants: one for normal skin (Thermal S1) and one for drier skin (Thermal S2). Both retail at \$8.50.

Cosmétique Active (UK) Ltd. Tel: 01235 526747.

Ladyshave plunges in

Philips is adding two new models to its Ladyshave Aqua range of women's shavers.

Both – one battery and one rechargeable – have an improved foil with diamond-shaped holes to give an extra close shave. The battery version (HP2710) – coloured pale lilac – retails at \$19.95, and the rechargeable (HP2750) – in lavender – at \$29.95.

● The company's first promotion of the new year is on its Philishave brand, with a cashback offer (ranging from \$5 to \$15) on all models costing \$40 and over. It will run from February 17 to April 8 and will be



supported by a POS showcard, incorporating application forms, and national advertising.

Philips Home Appliances. Tel: 0181 689 2166.

Disney collectables offer from Oral-B

This year, Oral-B will be running a collector scheme across its Disney range of toothbrushes and toothpaste.

Consumers can claim a

free Mickey Mouse tuckbox and beaker by collecting five special on-pack tokens.

Oral B Laboratories Ltd. Tel: 01296 432601.

Dior's new deal for dry skin

Nutri-star is a new moisturiser for very dry skin from Christian Dior born out of its Hydra-star technology.

It contains mango butter, pure ceramides and blackcurrant seed oil.

It is presented in a frosted 50ml glass jar. It is available from February 12 (priced \$29.50).

● The Dior look for the spring/summer collection is called Diorever, with three colourways: dusty rose /beige; blue and silver /brown; and grey and mauve/soft pink).

Parfums Christian Dior (UK) Ltd. Tel: 0171 235 9411.

Marine moves

Efamol is introducing a high-strength variant of its Efamol Marine supplement for consumers who prefer a one a day capsule.

The 1g dose retails at \$6.75 for 30 tablets.

Efamol Ltd. Tel: 01483 304441.

More Maws

Contrary to our report in Counterpoints (C&D January 13, p46), the new Maws Factor 35 (100ml) is available to independents. It is the larger 150ml size (with insect repellent) which is exclusive to Boots.

Maws Group Ltd. Tel: 01438 355500.

Towel deal

Tambrands is to be the new distributor for Sancell's Bodyform and Pennywise towel and pantyliner brands (following the Scott/-Kimberly-Clark merger). The agreement is scheduled for completion by the beginning of April.

Tambrands Ltd. Tel: 01705 442000.

Stairlift leaflet

Dolphin Lifts has produced a new leaflet to answer queries about stairlifts, their installation and use. For free copies, contact Rob Edwards at: Dolphin Stairlifts.

Tel: 01202 880468.

Nappy recall

Superdrug has withdrawn its 'Ultra' range of baby nappies after a family in Leicestershire found a metal shard in a nappy.

McKnight!

Sam McKnight has been asked to accept the prestigious award of a place in the Hairdressing Hall of Fame. Previous recipients have been Vidal Sassoon and Trevor Sorbie. Mr McKnight will now become one of the judges in the next British Hairdressing Awards.

Product Information. Nurofen Micro-Granules:

Each sachet contains 400mg Ibuprofen B.P.

Indications: Effective in the relief of

headaches, cold and 'flu symptoms, rheumatic and muscular pain, backache, fever, migraine, period pain, dental pain and neuralgia.

Dosage and Administration: Adults and children over 12 years: Initial dose 1 sachet, then if necessary 1 sachet every 4 hours. Do not exceed 3 sachets in any 24 hours.

Precautions and Warnings: As with some other pain relievers, Nurofen Micro-Granules should not be taken by patients with a stomach ulcer or other stomach disorder or hypersensitivity to ibuprofen. Patients receiving regular medication asthmatics, anyone allergic to aspirin, and pregnant women should be advised to consult their doctor before taking Nurofen Micro-Granules.

Each sachet contains 132mg (approximately 6mEq) sodium. This should be considered in patients whose overall intake of sodium must be restricted. In normal use, side effects are very rare, but may occasionally include dyspepsia, gastrointestinal intolerance and bleeding, and skin rashes. Not recommended for children under 12. If symptoms persist for more than 3 days patients should be advised to consult their doctor.

Product Licence Number: 0327/0081.

Licence Holder: Crookes Healthcare Limited, Nottingham, NG2 3AA. Legal Category: P.

Price: Nurofen Micro Granules: 6's £1.69, 12's £2.95. Date: June 1995.

Reference:

1. Busson, M., J. Int. Med. Res. 1986, 14, 53.

NUROFEN
MICRO-GRANULE
Contains ibuprofen

ON TV NEXT WEEK	
Buttercup:	GMTV
Colgate Total Toothpaste:	All areas
Halls Mentho-Lyptus:	All areas
Ibuleve:	G, B, Y, TT
Imodium:	All areas
Johnson's Baby Shampoo:	All areas
Just For Men:	All areas except GTV, STV, GMTV
Karvol:	All areas except TSW
Migraleve:	All areas except U, CTV & GMTV
Mucron:	C, G, B
Neutrogena Norwegian Formula:	All areas
Neutrogena T-Gel Shampoo:	All areas
Otrivine:	Y, TT, G, B
Sanex Bath & Shower:	All areas
Sanex Deodorants:	C
Seven Seas Cod Liver Oil:	C4
Strepsils Dual Action/Strepsils:	All areas
TCP:	All areas except U, CTV & GMTV
Tixylix:	All areas except CTV, TSW
Tyrozets:	STV, B, G, Y, HTV, TT, C4, GMTV

GTV Grampian, B Border, BSKyB British Sky Broadcasting, C Central, CTV Channel Islands, LWT London Weekend, C4 Channel 4, U Ulster, G Granada, A Anglia, CAR Carlton, GMTV Breakfast Television, STV Scotland (central), Y Yorkshire, HTV Wales & West, M Meridian, TT Tyne Tees, W Westcountry

*I don't mind what
I take for my pain.
as long as
it's not tablets.*

NUROFEN
MICRO-GRANULES

A sachet of Nurofen Micro-Granules dispersed in water provides fast relief for mild to moderate pain. Delivering all the benefits of Nurofen in a soluble form, it's as well tolerated as paracetamol and gentler on the stomach than aspirin¹. At the same time, its pleasant orange flavour ensures compliance.


WHATEVER THE PAIN, YOU'VE GOT A NUROFEN ANSWER



Migraleve[®] Information for Pharmacists

Migraleve tablets: Indications: For treatment of migraine attacks which can include the symptoms of migraine: headache, nausea and vomiting. **Presentation:** Migraleve 1 - pink tablets containing Buccizine Hydrochloride 8 mg and Paracetamol PhEur 500 mg. Migraleve 2 - yellow tablets containing Buccizine Hydrochloride 8 mg and Paracetamol PhEur 500 mg. **Dosage and administration:** Adults: Two pink Migraleve 1 tablets immediately if it is known that a migraine attack has commenced. If symptoms persist two yellow Migraleve 2 tablets every four hours. Maximum eight tablets (two Migraleve 1 and six Migraleve 2) in 24 hours. **Children**

10-14 years: one pink Migraleve 1 initially. If required one yellow Migraleve 2 every four hours. Maximum four tablets (one Migraleve 1 and three Migraleve 2) in 24 hours. Not for administration to children except under medical supervision. **Elderly (over 65 years):** As for adults. **Contra-indications, warnings etc:** Contra-indicated in patients with any of the ingredients. **Warnings:** Patients taking high blood pressure medication should take this medication independently. **Side-effects:** Rarely, allergic reactions such as skin rashes, hives or itching (paracetamol), constipation (codeine phosphate) or drowsiness (buccizine hydrochloride). **Use in pregnancy:** Whilst there are no specific reasons for contra-indicating Migraleve during pregnancy, as with all drugs, it is recommended that Migraleve be used with caution in pregnancy. Migraleve is not contra-indicated in breast-feeding mothers. **Treatment of overdose:** As for paracetamol (i.v. acetylcysteine) and codeine (injection of noxalone). **Package Quantities and RSP's Migraleve Duo - 12: £3.55, 24: £6.25, 48: £8.95; Migraleve 1 - 12: £3.73, 24: £6.92, 48: £9.75; Migraleve 2 - 12: £3.19**



**We're spending
£2 million
behind our
new box
on the box.**

24: £5.55, 48: £8.24. Legal category: P. Product Licence Numbers: Migraleve 1 - PL 0232/0027. Migraleve 2 - PL 0232/0028. Migraleve (Duo) - PL 0232/5008R. Product Licence Holder: Chorwell Pharmaceuticals Ltd, Wilsom Road, Alton, Hampshire GU34 2TJ. Date of preparation: November 1995. References: 1. Dato on file. Pfizer Consumer Healthcare. 2. Dato on file. Pfizer Consumer Healthcare

Pfizer Consumer Healthcare

Further information available from Pfizer Consumer Healthcare Wilsom Road Alton Hampshire GU34 2TJ 12/95/M.T



Pink tablets - paracetamol, codeine phosphate, yellow tablets - paracetamol, codeine phosphate

New packaging **and** a new National TV campaign!

Already prescribed by 67% of GPs and recommended by pharmacists, Migraleve[®] is the most popular migraine specific treatment among health professionals.

Last year's TV campaign increased sales by over 50% in pharmacies displaying the brand.² This year will be even more profitable because now we've made Migraleve easier to recommend and use.

Migraleve 1 (pink tablets) treats the symptoms of migraine, including headache, nausea and vomiting.

Migraleve 2 (yellow tablets) is taken subsequently, if the migraine continues.

Migraleve Duo combining both tablets in a starter pack, is the ideal recommendation for a first time user.

This new packaging is highlighted by eye-catching POS material and literature as well as our heavyweight TV advertising, so you can expect high demand for all 3 versions.

With all this promotional activity, you could even find Migraleve cures financial headaches too!

PROFIT FROM THE START

SCRIPTspecials

Seton acquisitions

Seton Healthcare has acquired the G-Strap, Catheter and Tubing Stabiliser from MMG (Europe). The basic NHS prices for the Adult, Short and Abdominal G Straps are £11.49, £11.49 and £12.66 respectively. All orders should be addressed to: **Seton Healthcare Group customer care. Tel: 0161 654 3000.**

NODS Tropicamide

Chauvin Pharmaceuticals is withdrawing NODS Tropicamide from its range of ophthalmic products. The item is no longer commercially viable. A limited supply is still available (expiry date April, 1996).

Chauvin Pharmaceuticals (customer services department). Tel: 01708 386633.

Securon 120

Knoll is now supplying Securon 120mg in blister packs of 60 tablets, which replace the previously available blister packs of 56. The basic NHS price remains unchanged at £7.67. **Knoll Ltd. Tel: 0115 924 0909.**

'New generation' weekly HRT patches from Merck and Schering

This week sees the launch of two 'new generation' hormone replacement patches for weekly administration from E Merck Pharmaceuticals and Schering Health Care.

Femseven, from E Merck, is an ultra-thin transdermal matrix patch which delivers 50mcg of 17 β -oestradiol over a 24-hour period. Therapeutic oestradiol levels are achieved within three hours of applying the patch and are maintained throughout the seven-day period.

Femseven is indicated for the symptomatic relief of menopausal symptoms; prevention and management of osteoporosis in women considered at risk of developing fractures; and reduction of the increased risk of cardiovascular events in post-menopausal women with symptomatic coronary artery disease.

The transparent, octagonal

patch is applied once weekly on a continuous basis where patients have had a hysterectomy.

In women with an intact uterus, a progestogen should be added for 12 to 14 days of each cycle. Treatment usually begins with one patch and the dose can then be adjusted after the first month if necessary to two patches weekly, which is the maximum.

A box of four Femseven patches, sufficient for one month's treatment, has a basic NHS price of \$6.44. The company hopes that attractive packaging and an informative patient information leaflet will encourage compliance.

Progynova TS, from Schering Health Care, is also a 'new generation' patch, where the delivery system and adhesive are combined in one layer in an ultra-thin matrix. It is available in two

strengths, Progynova TS and Progynova TS forte, providing 50mcg or 100mcg of 17 β -oestradiol respectively.

Progynova TS is indicated as replacement therapy for patients with disorders, such as hot flushes, sweating and sleep disturbances due to natural menopause or surgically-induced menopause.

As before, unopposed oestrogen therapy should not be used unless the patient has had a hysterectomy. Where a progestogen is necessary, it should be administered for 12 days every month.

Progynova TS and Progynova TS forte are presented in packs of 12 patches (three months' supply), with basic NHS prices of \$19.32 and \$25 respectively.

E Merck Pharmaceuticals. Tel: 01895 452200.

Schering Health Care Ltd. Tel: 01444 232323.

**ONLY ONE COLD REMEDY HAS NUROFEN IN IT.
BUT THEN YOU ONLY NEED TO RECOMMEND ONE.**

PRODUCT INFORMATION: Nurofen Cold & Flu: each tablet contains 200mg Ibuprofen BP and 30mg Pseudoephedrine Hydrochloride. **Indications:** Effective in the relief of symptoms of cold and flu with congestion, such as aches and pains, headache and feverishness, sore throats, sinusitis and blocked noses. **Dosage and Administration:** Adults and children over 12 years: Initial dose 2 tablets taken with water, then if necessary 1 or 2 tablets every 4 hours. Do not exceed 6 tablets in any 24 hours. **Precautions and Warnings:** Nurofen Cold & Flu should be avoided by patients with a stomach ulcer or other stomach disorder. Asthmatics, anyone allergic to aspirin, anyone receiving

Femapak 80 for HRT

Solvay has introduced a combination HRT pack consisting of eight transdermal Fematrix 80 patches (delivering 80mcg every 24 hours) and 14 Duphaston (dydrogesterone 10mg) tablets.

Femapak 80 is indicated for symptomatic relief of menopausal symptoms. The patch should be worn on a continuous basis, applying one twice weekly. The Duphaston tablets should be taken from days 15-28 of each cycle (basic NHS price £8.95 – one month's supply).

Solvay Healthcare. Tel: 01703 472281.

Ostram for osteoporosis

Ostram is a calcium supplement for the treatment of osteoporosis (post-menopausal, senile and for patients on corticosteroids), and for the treatment of calcium deficiencies during growth, pregnancy or lactation.

Each sachet contains a powder which is dispersed in water to prepare a lime-flavoured drink containing 3.3g tricalcium phosphate – equivalent to 1.2g calcium. The recommended dose is one sachet daily.

Patients on prolonged treatment with Ostram should undergo regular checks of urinary calcium. If levels exceed 300mg per 24 hours, treatment must be reduced or stopped.

In patients on oral tetracyclines, Ostram should be taken at least three hours later.

Ostram is a Pharmacy medicine and comes in boxes of 30 sachets (basic NHS £5.95).

E Merck Pharmaceuticals. Tel: 01895 452200.

Epipen availability

ALK, official distributor of the adrenaline auto-injector Epipen, says the product is not out of stock and it can guarantee supplies. Epipen is available on a named patient basis.

ALK (UK). Tel: 01734 313200.

Cleanlet 25

Cleanlet 25 is the first of a new range of blood lancets from Gainor Medical. The company claims the lancet makes a small entry point that causes less tissue damage. A twist-off, locking safety cap ensures safe disposal. It fits a variety of lancing devices and is available on the Drug Tariff (100, £3.19; 200, £6.08).

Gainor Medical. Tel: 01908 365361.

New neuromuscular blocker from Glaxo Wellcome

Nimbex (cisatracurium besylate) is a new non-depolarising neuromuscular blocking agent from Glaxo Wellcome. A stereoisomer of atracurium, it is three times more potent and has a better cardiovascular profile.

It is indicated for use during surgical procedures and also in intensive care as an adjunct to general anaesthesia or sedation,

to relax muscles and to allow tracheal intubation and mechanical ventilation.

The recommended intubating dose for adults is 0.15mg/kg, which produces good to excellent conditions for intubation within two minutes. The duration of action at this dose is around 55 minutes. Spontaneous recovery is relatively rapid and

independent of the dose or duration of use.

Nimbex is available in a range of pre-mixed and ready to use presentations: 30ml Nimbex Forte vial (5mg/ml) basic NHS £35; 5x10ml Nimbex ampoules (2mg/ml) £42.50; 5x2.5ml ampoules (2mg/ml) £11.50.

Glaxo Wellcome UK Ltd. Tel: 0181 990 9000.

Mini-Wright on Rx

The new Mini-Wright AFS (Aerodynamic Flow System) low range peak flow meter is now available on prescription at a price of £6.51 per device, replacing the previous low range Mini-Wright meter.

Clement Clarke International Ltd. Tel: 01279 414969.



The reasons why Nurofen Cold & Flu cuts through the misery of cold and flu are easy to see.

Nurofen's reputation for anti-inflammatory, analgesic and antipyretic action.

Pseudoephedrine's decongestant efficacy.

Together, they make Nurofen Cold & Flu more effective than a paracetamol-based combination in the relief of sinusitis (after 3 hours), blocked nose and congestion¹.

Also Nurofen provides greater and longer-lasting relief of fever than paracetamol², and is more effective against sore throats³ and headaches⁴.

That means you now need only one recommendation for colds and flu: Nurofen Cold & Flu.

ADVANCED RELIEF

For a free copy of our comprehensive information leaflet, contact Crookes Healthcare Ltd, PO Box 100, Birmingham B37 7YU.

Regular medication and pregnant women should be advised to consult their doctor before taking Nurofen Cold & Flu. Not recommended for children under 12. If symptoms persist for more than 3 days patients should consult their doctor. **Product Licence Number.** Nurofen Cold & Flu 0327/0060. **Licence Holder.** Crookes Healthcare Limited, Birmingham NG2 3AA. **Legal Category.** P **Price** £2.29 for 12, £3.65 for 24, £4.75 for 36. Prices correct at the time of going to press. Date of preparation October 1995. **References:** 1 Data on file, Crookes Healthcare, 1990. 2 Watson PD, et al. Clin. Pharmacol. Ther. 1989;46. 3 Schachtel, B.P. Clin. Pharmacol. Ther. 1988;44, 704. 4 Noyelle, R.M. et al. Pharm. J. 1987; 236, 501.

NPA to launch RPM education campaign

The National Pharmaceutical Association's Board has approved plans for a campaign to highlight probable pharmacy closures if Resale Price Maintenance is lost.

The campaign will be aimed at educating the public and informing MPs and other decision-makers. It will also emphasise that medicines are "not ordinary articles of commerce".

The Board was disturbed to learn that a small survey of NPA members had shown that some, notably those who had qualified since 1970, lacked understanding

of the RPM issue, nor did they fully appreciate the possible consequences of its abolition.

A third explanatory document is currently being distributed to members, together with a questionnaire seeking information about the significance of sales of proprietary medicines in the pharmacies concerned.

The Board also agreed to maintain close liaison with other organisations interested in the subject.

Professional development NPA co-ordinators had been involved in the submission of eight bids for community care money under the 'Building partnerships for success' scheme, twice as many as had been planned. The head of professional development, Georgina Craig, said that she was exploring further areas of potential development and funding, including links between NPA members and the prison service.

Minor relocation As a judicial review challenge, in an attempt to clarify aspects of 'minor relocation' procedure, had not succeeded and, in the light of strong legal advice, the Board decided that a further appeal would be unlikely to succeed and would be a waste of NPA resources (*C&D* December 2, 1995, p802).

Yellow card reporting The Board unanimously and strongly condemned the current practice of the Department of Health in refusing to accept yellow card adverse reaction reports from pharmacists, unless the report was countersigned by a doctor. This pharmacist 'red card' was considered to be an insult to the pharmaceutical profession and it

was agreed that appropriate representations should be made to the Royal Pharmaceutical Society and to the NHS Executive.

Pharmacist recruitment Further representations will be made to the Society regarding the shortage of pharmacists available to work in community practice. Heads of schools of pharmacy will be urged to increase undergraduate intake.

Steroid warning cards It was agreed to approach the Department of Health and the Royal Pharmaceutical Society with a view to having the steroid warning card revamped.

Glaxo survey The Association had co-operated with Glaxo in a substantial survey of views of NPA members. Over 750 community pharmacists have completed a questionnaire.

Some had made constructive criticisms and suggestions, which, it was agreed, would be referred to the appropriate sub-committees for action to be considered. A small number of responses have indicated a need for better communications between the Board and the membership. This will be addressed by the Board at future meetings.

Late payment sanctions The Board had been approached by a manufacturer which had complained that a small minority of pharmacists were consistently late in settling the company's accounts, which gives 60 days' credit.

The Board decided that it would not object to the withholding of supplies, provided appropriate warnings had been given by the company to the pharmacists concerned.

'Intervention' form A draft form for pharmacists to intervene in OTC and prescription drug therapy would be prepared for consideration by the business service committee at a future meeting and, if approved, would be piloted among a sample of volunteer members.

NHS prescription forms It was agreed to make appropriate representations to the Department of Health regarding advice to those who needed to get their prescription dispensed urgently, as this was no longer on the prescription form.

Appliance contractors Concern was expressed by some Board members at the continuing differences in dispensing fees between pharmacists and appliance contractors. Enquiries are to be made of the DoH as to what, if any, progress is being made towards implementing the Touche Ross recommendations of 1994, which advised immediate action.

Council member Gordon Herdman had decided to retire from the Council on relinquishing his business and the Board agreed to nominate Hemant Patel as his replacement.

Appointment of legal assistant The NPA is to recruit an additional legally qualified assistant, with responsibilities including employment law and the granting of NHS contracts.

Business services The Board agreed a recommendation that Freephone Telecommunications be permitted to offer a Freephone service to members at advantageous rates, including the waiving of its normal \$200 installation fee.

PAGB to appoint PR company in RPM fight

The Proprietary Association of Great Britain is looking to appoint a PR company to aid it in its defence of Resale Price Maintenance.

The two companies in the frame are Hill & Knowlton and Charles Barker. The former's accounts include Rhone-Poulenc Rorer, Janssen-Cilag and Sanofi-Winthrop. The latter's include Johnson & Johnson MSD, Roche, Chefaro and Seven Seas.

The news comes in the midst of an Office of Fair Trading investigation into RPM. "We are looking at the data from 1970 and the facts of 1996 to see if there's any change, as that's what the OFT is interested in," points out the PAGB's executive director, Sheila Kelly.

An announcement on which company secures the contract is expected shortly.

Unlicensed PIs result in pharmacists' misconduct inquiry

Two pharmacists, who allegedly bought unlicensed parallel imports from an unlicensed wholesaler, faced charges of misconduct before the Royal Pharmaceutical Society's Statutory Committee last month.

Awmy Mikhail of Westbere, Canterbury, was the proprietor pharmacist of Sturry Pharmacy, Sturry, Canterbury.

Mayankumar Amin of West Wickham, Kent, was the superintendent pharmacist at a pharmacy in Coney Hill Parade, Kingsway, and a director of Filterlight, the outlet's owner.

Society inspectors visited both pharmacies separately in March, 1994, as a result of information passed from the Medicines Con-

trol Agency concerning the activities of a Pierre Schaffer.

Although Mr Schaffer's wholesaler's licence was revoked in 1987, he began trading again in 1992. After an investigation by the MCA, he was arrested in October, 1993.

In 1994, he was convicted on seven counts of unlawful trading and offering unlicensed products for sale and was fined \$1,000 on each count.

Josselyn Hill, for the Society, said that between December, 1992, and September, 1993, Mr Mikhail had dealings on eight occasions with Mr Schaffer, buying goods worth \$7,911.98.

He was asked about purchases shown in Mr Schaffer's invoice

book and confirmed that he had dispensed all the medicines, but admitted he had not checked to see that they were licensed, said Mr Hill.

Mr Mikhail, 45, sold his pharmacy in 1995 due to ill health. The hearing against him was adjourned until February 19.

Between September and October, 1993, Mr Amin obtained \$1,868 of medicines to sell in his pharmacy, dealing with Mr Schaffer on three occasions, the Society's Statutory Committee was told in a separate hearing.

Although no unlicensed stock was found in his pharmacy when it was visited by inspectors, in an interview and by a subsequent letter, Mr Amin confirmed that

when he heard of Mr Schaffer's misdeeds, he disposed of the stock.

In an interview, Mr Amin confirmed that he had been contacted by another pharmacist who recommended Mr Schaffer, who then visited him at the pharmacy, where the latter had shown him a price list with 'U/L' next to some drugs. The Society contended that this clearly meant unlicensed.

Invoices produced for the investigators by Mr Amin tallied with entries in Mr Schaffer's invoice book and the prices on his price list.

The hearing against Mr Amin was adjourned to a date yet to be fixed.

PHARMACYupdate

The endocrine system

This complicated control system has an immense clinical impact, from insulin secretion through to fertility /



The waking nightmare

Insomnia may be the most common sleep disorder, but the pharmacist can also help in rarer complaints



Body talk

The endocrine system is one of the body's two regulatory mechanisms, with a wide-ranging clinical impact. In the first of a two-part series, Prashant Sanghani, clinical lecturer in pharmacy at the School of Pharmacy and clinical staff pharmacist at the Royal Hospitals NHS Trust, London, outlines the structure and control of a healthy system

The body's functions are kept under control by two systems; the nervous system and the endocrine system. The latter is a complicated part of the human body's anatomy and physiology.

The figures overleaf show the anatomical loci of the important endocrine glands (except for the testes and placenta).

The endocrine system can be thought of generally as responsible for regulating metabolism in the body. This involves a variety of mechanisms, from controlling the rate of chemical reactions to affecting the transportation of substances, such as glucose, through cell membranes.

The common factor found, regardless of the mechanism,

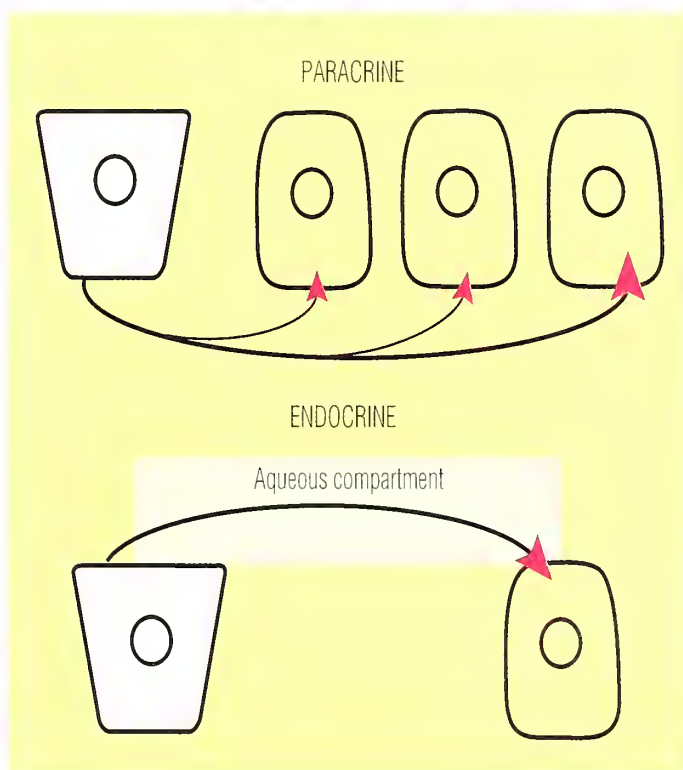


Figure 1: showing the movement of hormones in a paracrine system, where the effect is on adjacent cells, and an endocrine system where the effect is seen some distance from the site of secretion

is the presence of hormones (from the Greek 'to impel' or 'to urge on'). These chemical substances are produced by endocrine glands and are released directly into an aqueous compartment, so that their actions are exerted some distance away from the actual site of secretion (Figure 1).

But, within the body's endocrine system, a paracrine system also exists. This is where the effect of released

hormones is on adjacent cells. Such a system is found in the organisation of the Islets of Langerhans in the pancreas, where the hormones insulin, glucagon and somatostatin are all released by adjacent cells, which also directly affect one another.

Hormone types

Hormones can be classified as one of three basic chemical types:



THE COLLEGE OF PHARMACY PRACTICE

THIS ARTICLE, IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D* MARCH 9, PROVIDES 1 HOUR OF CONTINUING EDUCATION CREDIT

OBJECTIVES

- To define the role of the endocrine system
- To identify the positioning of endocrine glands
- To illustrate the different types of hormones
- To summarise the production, storage and release of hormones
- To list the actions of hormones

● **steroid hormones:** these share the basic structure of cholesterol, from which they are derived. They include the glucocorticoid cortisol and the mineralocorticoid aldosterone, secreted by the adrenal cortex; oestrogen and progesterone, secreted by the ovaries and placenta; and testosterone, secreted by the testes

● **derivatives of tyrosine:** thyroxine and tri-iodothyronine, the thyroid hormones, are both iodinated

Continued on P11 ►

◀ Continued from P1

forms of the amino acid tyrosine. Adrenaline, a catecholamine secreted by the adrenal medulla, is also derived from tyrosine (via the production of dopamine)

● **peptide- and protein-based:** the remaining hormones are either proteins or peptides or based on them. Examples are the posterior pituitary hormones, oxytocin and vasopressin (antidiuretic hormone, ADH), both of which are octapeptides; hormones of the Islets of Langerhans, which are large polypeptides; anterior pituitary hormones, which are large polypeptides or proteins.

Production patterns

There is no common mode of hormone production, storage and release between the glands of the endocrine system, although general patterns occur for the majority.

In the ovaries and testes there is little steroid hormone *per se* stored in the glandular cells. Instead, there is more precursor material, specifically, cholesterol and the intermediates between it and the final hormone. Conversion to the final hormone can be complete within minutes when required.

The tyrosine-based hormones of the thyroid and adrenal medulla both rely on intracellular enzyme activity during their production. In the case of the catecholamines, they are then absorbed into vesicles for storage.

The iodine (from dietary intake) in the thyroid hormones is removed from

Right: pituitary gland, situated at base of the brain and the hypothalamus

Middle right: the thyroid gland. The parathyroid gland sits behind the thyroid

Bottom right: the adrenal glands and Islets of Langerhans in the pancreas

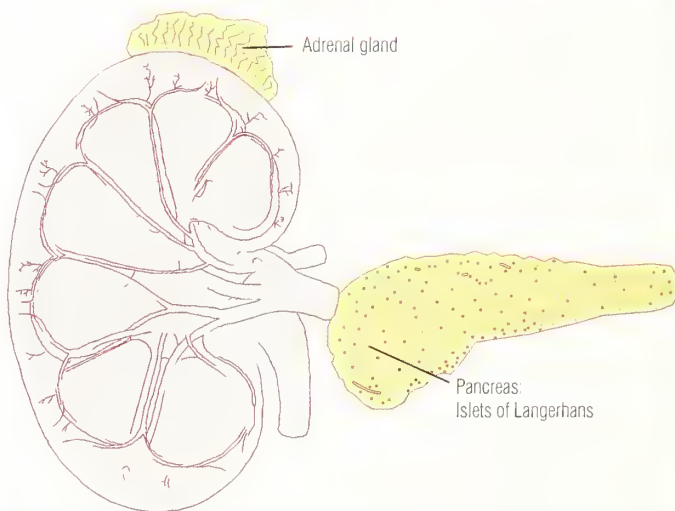
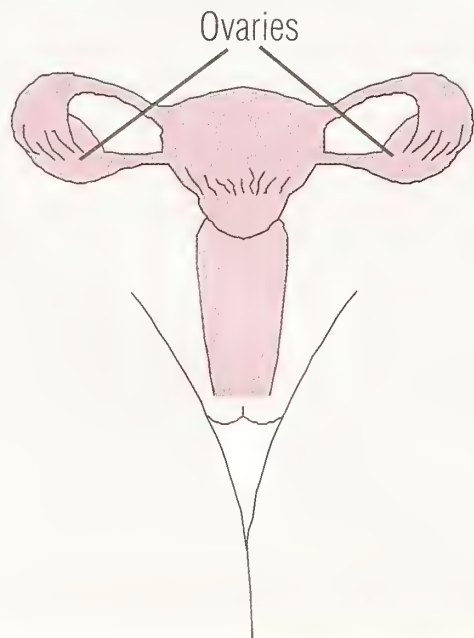
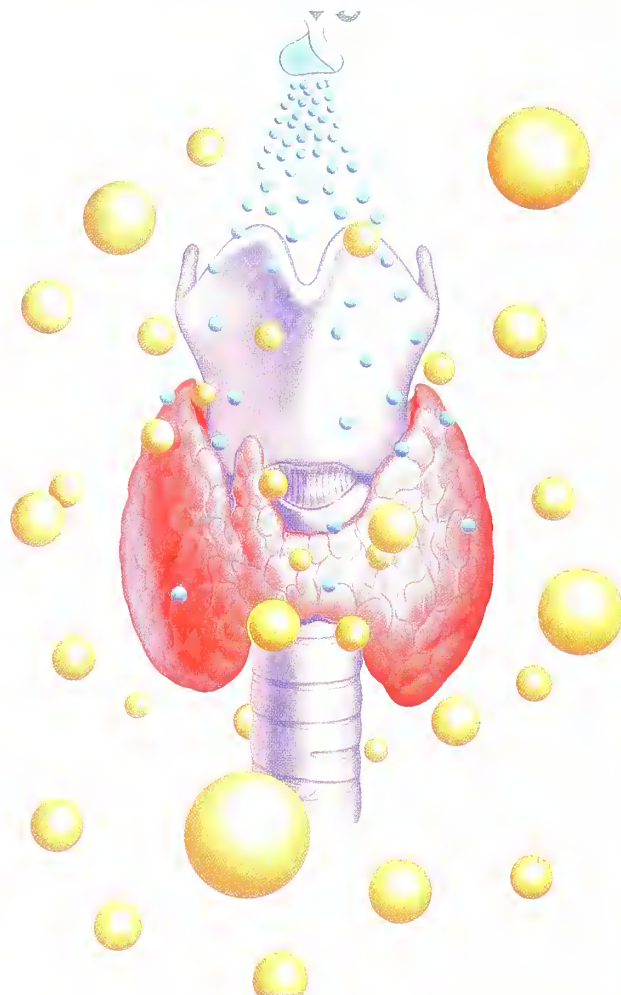
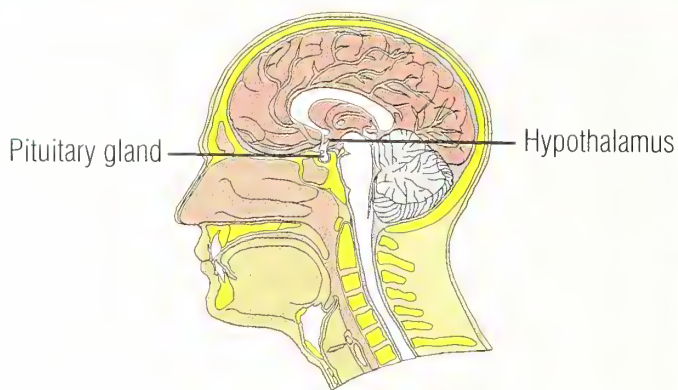
Bottom left: ovaries, which produce hormones which stimulate production of the female sex organs and promote breast development

the plasma by active transport (the iodide trap) and concentrated in thyroid follicles. It is then oxidised and linked to tyrosine as it is moved into the colloid lumen, which contains thyroglobulin. The thyroxine and tri-iodo-thyronine are now formed, but they are still attached to the thyroglobulin until proteases release them prior to secretion from the cell.

Protein hormone biosynthesis takes place in the ribosomes of the rough endoplasmic reticulum, but the initial protein is almost never produced as such. A larger protein structure undergoes cleavage as it passes through the endoplasmic reticulum towards the Golgi apparatus. There the hormone molecule itself is compacted into small membrane-encapsulated vesicles.

These secretory vesicles remain stored in the cytoplasm until a release stimulus is received, where upon the hormone is released by reverse pinocytosis.

Continued on P1V ▶



John Baxos/Science Photo Library

Introducing Travel Pax.

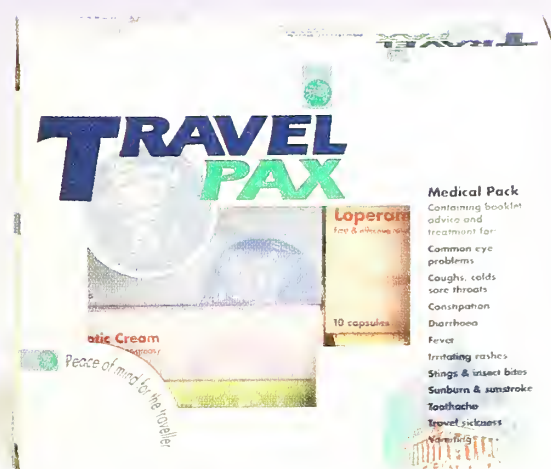
The new concept in holiday health care.

30 million holiday travellers could mean BIG PROFIT for you.

Contains
9 remedies
plus an
essential
'Holiday Health'
booklet



Common eye problems
Coughs, colds
Sore throats
Constipation
Diarrhoea
Fever
Irritating rashes
Stings & insect bites
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◀ Continued from P11

Hormone release

The stimulus for hormone release can itself be hormonal or nervous. In the case of the adrenal medulla (production of adrenaline) and the posterior pituitary gland (production of vasopressin and oxytocin), hormone release only occurs following suitable neural stimuli.

Conversely, the anterior pituitary has a direct link to the hypothalamus via the hypothalamic-hypophyseal portal vessel, along which the hypothalamic hormones are able to flow and thus exert their effect.

The hormones produced by the anterior pituitary subsequently stimulate most of the other glands in the endocrine system to release their hormones.

While the nature of the stimulus is dependent on the gland, it is worth appreciating that the method for 'switching off' the gland is common to all.

The prevention of over-secretion of each gland is governed by a negative feedback mechanism. All glands tend to over-secrete and would continue to do so but for a feedback system involving the target gland or organ.

Negative feedback does not rely on the secretion rate of the gland to regulate activity, instead it is the response of the target tissue that determines the strength of the negative feedback signal.

Positive feedback also exists. For example, where we see a mid-cycle release of luteinising hormone that triggers ovulation. This is due to the rising level of oestradiol stimulating a 'surge' of gonadotrophin-releasing hormone and hence luteinising hormone.

Actions

It will be clear that the resultant actions of hormones can be widespread, as seen with growth hormone which affects virtually every cell in the body, or local, as seen with the ovarian hormones. However, overall, hormones may be considered to subserve four major functions of the body.

The first is a critical regulatory function under basal conditions: homeostasis of the composition of the extracellular fluid.

Secondly, they participate during times of stress. For example, during starvation, infection or trauma when

their production aids in the body's recovery.

The third is control of growth, when the production of growth hormone, thyroxine, insulin and sex steroids must be precisely regulated in order to produce the normal pattern of growth. Lastly, they are essential for sexual development and reproduction, controlling libido, potency and fertility.

The table above provides an overview of the numerous physiological outcomes which follow activation of different parts of the endocrine system.

From this overview it should be possible to describe the pathologies following failure of parts of the endocrine system and suggest pharmacological interventions that might

remedy them.

The second part of this series will give a detailed look at the disorders which can arise from the malfunction of the hypothalamus and pituitary.

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The endocrine system: an overview

Endocrine gland	Hormone	Physiological action
Adrenal cortex	Cortisol Aldosterone	Glucocorticoid activity Mineralocorticoid activity
Adrenal medulla	Adrenaline	Increased sympathetic activity (alpha and beta receptors)
Hypothalamus	Gonadotrophin-releasing hormone Thyrotrophin-releasing hormone Growth hormone release inhibitory hormone (somatostatin)	Stimulates release of luteinising hormone (LH) and follicle stimulating hormone (FSH) Stimulates release of thyroid stimulating hormone (TSH) Inhibits release of growth hormone (GH)
Islets of Langerhans	Insulin Glucagon Somatostatin	Promotes cellular glucose uptake Increases release of glucose from liver storage Inhibits insulin, glucagon and gastric acid secretion
Ovaries	Oestrogen Progesterone	Stimulates development of female sex organs Promotes breast development
Parathyroid gland	Parathyroid hormone	Controls calcium ion concentration
Pituitary (anterior) (Adenohypophysis)	Follicle-stimulating hormone Luteinising hormone (LH) Thyroid stimulating hormone (TSH) Growth hormone (GH) Adrenocorticotrophic hormone Prolactin	Growth of follicles in the ovaries, formation of sperm Role in ovulation and secretion of sex hormones from ovaries and testes Release of thyroxine and tri-iodothyronine Growth of all cells and tissues Stimulates adrenal cortex Breast development and lactation
Pituitary (posterior) (Neurohypophysis)	Antidiuretic hormone (ADH) Oxytocin	Renal retention of water and vasoconstriction in high concentrations Uterus contraction and expression of breast milk
Placenta	Human chorionic gonadotrophin (HCG) Oestrogens Progesterone	Promotes growth of the corpus luteum Promotes growth of mother sex organs and some foetal tissues Promotes breast development and some foetal tissues
Testes	Testosterone	Stimulates growth of male sex organs
Thyroid	Thyroxine and tri-iodothyronine Calcitonin	Increase in cell metabolism Promotes deposition of calcium in bones

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Reference 1: Gloor M, Falk M, Friedrich HC. Sonderdruck aus Zeitschrift Hautkrankheiten 1975; 50 (10): 429-436.

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The waking nightmare



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OBJECTIVES

- To explain the brain patterns during sleep
- To define insomnia and its treatments
- To examine other sleep disorders and management
- To consider drug impact

A third of our lives is spent sleeping, yet this delicate balance can be easily disturbed. Fawz Farhan finds out how understanding the nature of this necessary period of rest can help alleviate some of the trauma of sleep disorders

Sleep is often taken for granted, yet quality of life can be dramatically affected if it is consistently disturbed.

Insomnia, the most common type of sleep disorder encountered in the pharmacy, can lead to a range of emotional and physical problems, such as mood swings, depression and poor concentration, and can affect work and relationships.

However, disorders are not confined to insomnia. They refer to any disturbance in the quality and/or duration of natural sleep, and must be recognised and appropriately managed. Pharmacists are also in a position to advise on drug and non-drug management of the condition, as well as being aware of the sort of drugs and medical problems which affect normal sleep.

What is normal?

Normal sleep is hard to define because needs vary from person to person. The amount required generally decreases with age: a young adult has an average 7.5 hours a night, while those over 65 need only five to six



hours. More is needed during periods of rapid growth, such as during infancy and teenage years.

However, it is the sleep pattern that determines its quality. Electroencephalograms (EEG), which measure brain activity, have shown sleep to have two distinct physiological states: rapid eye movement and non-REM, and the balance between these two can influence sleep quality.

Orthodox or non-REM is further divided into four stages (see EEG diagram):

- stage 1 – the move from wakefulness to sleep induces light drowsiness
- stage 2 – the first real sleep stage
- stages 3 and 4 – known as

slow wave or deep sleep.

The progression to deep sleep is accompanied by a fall in pulse rate, respiratory rate and muscle tone, and the person becomes less responsive to external stimuli.

The paradoxical or REM state is characterised by rapid sweeping movements of the eyes under the eyelids and EEG scans detect high levels of brain activity. This is also the stage where most dreams occur.

Cycles of non-REM sleep followed by REM sleep occur throughout the night. Non-REM accounts for 75-80 per cent of a normal night's sleep in a young adult, with stage 2 occupying about 50 per cent. However, the elderly tend to experience less deep sleep

and more light sleep and arousals.

Insomnia

As many as one in three people claim to have had problems falling asleep or sleeping through the night at one time or another. However, prevalence varies according to age and sex. It affects around 5 per cent of those under 30 and 35 per cent of the over-65s. It is more common in women than men: 25 and 15 per cent, respectively.

The main consequence of insomnia is daytime sleepiness, caused in particular by a lack of REM sleep. In cases of severe deprivation (caused by environmental factors), patients can have blackouts,

suffer illusions and, more rarely, hallucinations and acute paranoia.

Insomnia is divided into three types:

- **transient** lasts several days and is caused by acute stress, environmental factors and jet lag. It is managed through sleep hygiene education (see box), or short-term use of hypnotics to reinstate normal sleep pattern

- **short-term** lasts up to three weeks and is caused by family problems, emotion, illness, bereavement and shift work. It should be managed as above, with hypnotics prescribed for a maximum of seven to ten days

- **chronic** lasts more than three months and is associated with clinical anxiety, depression, chronic illness (asthma, arthritis), pain and alcohol/drug abuse. It is managed by in-depth consultation with a GP to establish the roots of the problem.

When managing insomnia in the pharmacy, it is important to establish the nature, duration and cause of the complaint.

Special consideration needs to be paid to the elderly. As they usually require less sleep, insomnia may be diagnosed when the cause is physical or psychiatric illness. It is also worth assessing whether concurrent drug administration is the cause.

Sleep hygiene

- Avoid naps
- Maintain regular sleep times. The biological clock is set by the time you get up
- Avoid stimulants, such as caffeine and nicotine. Alcohol can also disturb sleep
- Avoid eating a heavy meal late in the evening
- Reduce fluid intake to stop the need to use the lavatory during the night. Diuretics should not be taken at night
- Avoid exercise before going to bed. Exercise, in general, leads to better quality sleep
- Relax mind and body by reading or listening to soothing music. Allow time to wind down and get over emotional upsets
- Avoid watching TV or working. Keep bed as a place of sleep
- Ensure the bed is comfortable and the room is not too warm or noisy
- If sleep pattern is still disturbed, it is worth keeping a diary of daily activities, including food and drink, to discuss with the doctor

Insomnia in infants and children is often related to poor sleep hygiene, hunger or ailments. Causes need to be investigated and referred to a health visitor or GP.

Over the counter treatment of insomnia is limited to cases of temporary or short-term sleep disturbance. Patients should also be advised to undertake a good sleep hygiene regime.

- **Antihistamines** are the mainstay of OTC therapy, as histamine is thought to be the chemical messenger responsible for wakefulness. The older antihistamines have a sedative effect not seen in the newer variants, which is due to their ability to enter the central nervous system. They are indicated for occasional episodes of sleeplessness caused by well defined stresses.

A single night-time dose of promethazine or diphenhydramine (both 20-50mg) is recommended for adults. They are not recommended for children under 16 without medical advice.

- **Complementary remedies:** valerian, gentian and extracts of passiflora are often found in herbal remedies to aid sleep, while Nux vomica is commonly found in homoeopathic preparations.

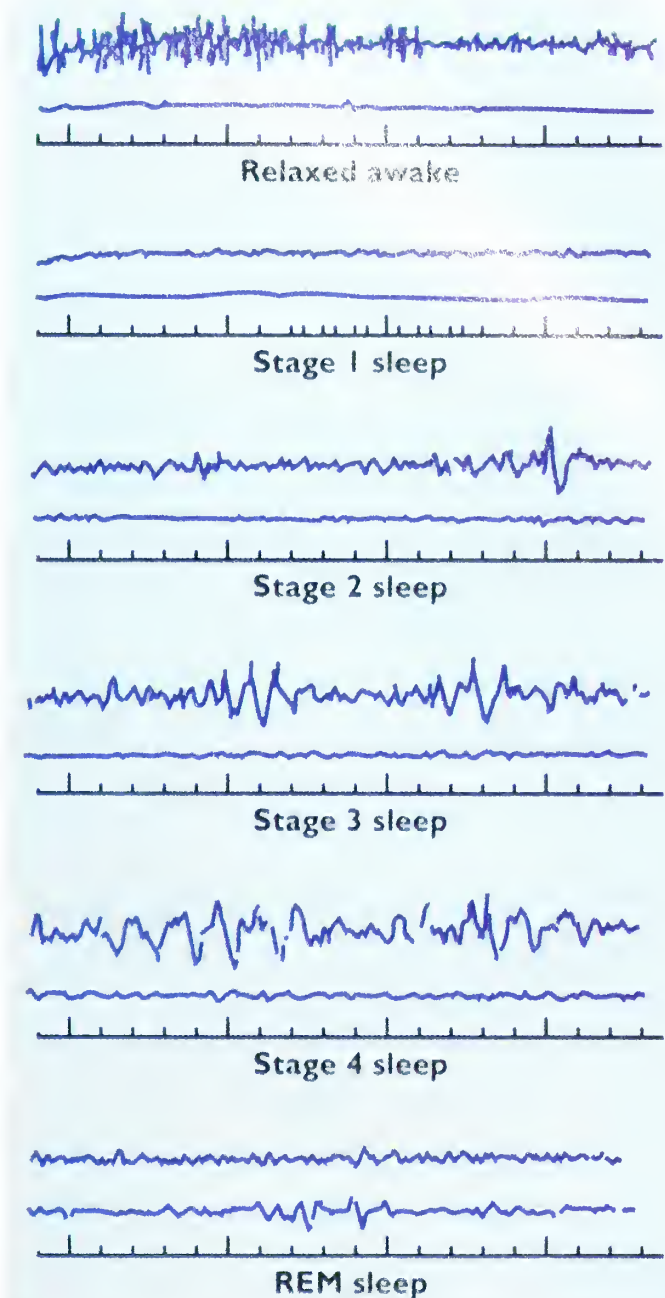
Aromatherapy, using essential oils such as lavender, neroli, camomile and ylang ylang, has also been found to help correct insomnia. Use the oils in a room vaporiser or sprinkled directly on to the pillow.

Acupressure, in the form of rubber cones attached to certain pressure points on the wrist, eg Isocones from Sea-Band, may help.

- **Melatonin:** a hormone found naturally in the body which is released by the pineal gland in the absence of light. It is thought to have a role in the internal body clock and exogenous supplements are thought to help combat jet lag. It is not readily available in this country following Medicines Control Agency advice, but further research on its sleep impact is being carried out by French company Servier.

If none of these measures help and insomnia persists, then GP referral is necessary, where the likely course of action will be initiation onto a prescription hypnotic.

However, Israeli scientists have recently discovered that a group of cells in the hypothalamus becomes more active during sleep, acting as an 'on-off' switch to regulate



EEG trace: the top line on each trace is from an electrode on the scalp, while the lower line indicates eye movements

rest. Although further research is needed, this new clue may herald the development of new therapies.

Hypersomnia

Hypersomnia, or daytime sleepiness, is characterised by sufferers sleeping during normal waking hours. In some instances, there is an increase in the total number of hours' sleep required, rising by as much as 25 per cent.

It can be divided into two types: acute, such as that seen in infections like flu; or persistent, as seen in narcolepsy and sleep apnoea.

- **Narcolepsy:** characterised by excessive sleep, hypnagogic hallucinations (pre-sleep dreams) and cataplexy – loss of muscle tone and

paralysis of voluntary muscles. Hallucinations occur because narcoleptics go straight into REM sleep, ie from consciousness into dreaming. It affects less than 1 per cent of the population.

Episodes come on at unusual times, such as while eating or driving. The condition is often triggered by strong emotions, such as anger, stress and laughter.

Patients must be referred to their GP, where they can be initiated on treatment. This includes CNS stimulants, such as dexamphetamines, while cataplexy can be controlled with clomipramine 10-100mg daily. Modafinil, a central adrenergic agonist

Continued on PVIII ►

◀ Continued from PVII

from Cephalon, is available in France and is being investigated for UK release.

● **Obstructive sleep apnoea:** this affects around 2 per cent of the population, with the incidence rising to around 20 per cent in middle-age.

Snorers often have problems with excessive daytime sleepiness because they only attain shallow sleep. Obstructive sleep apnoea occurs when the airways' muscle tissue collapses, because of nasal obstruction (as seen in a cold), narrowing of the airways, obesity and certain medical conditions, such as hypothyroidism. This leads to hypoxaemia, where oxygen levels in arteries are cut by as much as half. This triggers a safety mechanism, which interrupts sleep and wakes up the sufferer.

As this closure can occur up to ten times, or more, in one hour, sleep becomes disrupted. Some 90 per cent of sufferers complain of hypersomnia.

There is no drug treatment, but those with the problem can benefit from lifestyle changes: losing weight, ceasing eating or drinking before bedtime and sleeping on the side or stomach rather

than on the back. Continuous positive airway pressure delivered through a nasal mask has helped some patients.

Parasomnias

Parasomnia is typified by physical episodes which can occur at different sleep stages. It has been linked to stress.

● **Night terrors:** these usually start with the person, often a child, sitting up in bed with a scream, staring into space with terror, often with increased heart and respiratory rates, and sweating.

Unlike nightmares, which are unpleasant dreams, these occur during non-REM, deep sleep, usually in the first third of the period, with no recollection of the event the next day. Sufferers seem inaccessible or 'out of reach' because they are actually asleep throughout the incident.

Low doses of benzodiazepines, eg diazepam 2-10mg at night, have been recommended, but correct sleep hygiene and psychotherapy should be the first-line treatment.

● **Sleep walking:** this is again associated with inaccessibility and amnesia, and occurs during slow wave sleep. A sleepwalker has intact vision and co-ordination, but is oblivious to outside stimuli. Although more common in children, where more time is spent in deep sleep, it also affects adults.

There is no cure for sleep walking, but a safe environment is needed, such as stair gates and barred windows.

There are also parasomnias which affect stages 1 and 2, the lighter sleep stages:

● **bruxism**, otherwise known as teeth grinding, affects 5-20 per cent of the population. To prevent tooth damage a mouthguard can be worn

● **enuresis or bedwetting** affects 1-3 per cent of adults during sleep. Pharmacists can advise on obvious tips, such as limiting the fluid intake before retiring, but for medical intervention patients should be referred to the GP.

Dreams and disease

Freud believed dreams were not only a manifestation of repressed subconscious thought but also reflected disease and organic states. Studies have shown that dreams may either reflect the presence of disease or precipitate it.

Because REM sleep is associated with a range of physiological changes, many

Drugs which affect sleep

● **Antidepressants:** the tricyclics and monoamine oxidase inhibitors have greater sedative effects than the newer selective serotonin re-uptake inhibitors. Clomipramine, which has the most suppressive effect on REM sleep – where most dreams tend to occur – has been used in the treatment of recurrent severe nightmares.

Because depression is often accompanied by insomnia, there is an increasing practice of using an antidepressant combined with an hypnotic in the initial phase of treatment, especially fluoxetine.

Sedative antidepressants should not be used purely as hypnotics.

● **Anti-emetics:** hyoscine sedates and reduces the amount of REM sleep and increases stage 2, resulting in a reduction in dreaming and increasing light sleep. But, on withdrawal, REM sleep is increased.

Metoclopramide and the phenothiazines may all cause sedation, in particular chlorpromazine.

● **Antipsychotics:** these do not have characteristic effects on sleep, but most tend to reduce the periods of wakefulness and increase the duration of slow wave sleep. There is a pronounced reduction in the duration of both REM and overall sleep when medication is stopped.

● **Appetite suppressants:** amphetamines have the greatest stimulant effect and may result in insomnia and night terrors. Fenfluramine, however, causes both daytime sedation and disturbed sleep, and reduces the duration of REM and increases the amount of slow wave sleep, therefore there are fewer dreams, but prolonged deep sleep.

● **Cardiovascular drugs:** methyldopa may lead to sedation and nightmares by increasing the duration of

REM and reducing the amount of slow wave sleep. Clonidine does the opposite, causing insomnia and vivid dreams, while with beta antagonists the prevalence of nightmares and insomnia is dependent on the drug's lipophilicity. The more lipophilic, the more likely to cross the blood-brain barrier and hence a rise in insomnia and nightmares. The least lipophilic are atenolol and sotalol; the most lipophilic are propranolol and labetalol.

● **Corticosteroids:** dexamethasone, in particular, can trigger insomnia, but only in large doses.

● **Mood stabilising drugs:** lithium carbonate reduces REM and postpones its onset. Carbamazepine augments slow wave sleep and suppresses REM in healthy volunteers.

Drowsiness is common at the start of treatment or when the dose is increased, but is nearly always transient.

Sodium valproate has little effect on sleep architecture, but may increase its duration and depth, and reduce the time it takes to get to sleep if used long-term.

All three drugs may alter circadian rhythm – the 24-hour day/night body clock.

● **Recreational drugs:** caffeine is a stimulant and is associated with increased periods of arousal and reduced REM.

Nicotine promotes mild sedation and relaxation at low doses, but as blood concentrations rise this gives way to agitation and arousal. The average smoker sleeps about half an hour less than non-smokers.

Alcohol acts as a sedative, producing more slow wave and less REM sleep. However, because it is short-acting, there is a rebound effect and large alcohol intake may result in insomnia and nightmares later in the night.

stress-related physical illnesses, such as nocturnal asthma, migraine and cardiac disturbances have been found to be triggered by dreams. One study found the difference in the recall of dreams in asthmatics was more considerable than respiratory function changes.

Suppression of dreams in ill people may be a reflection of neurological disease (eg Parkinson's disease and

temporal lobe epilepsy disturb the inability to dream); a sign of severe organic dysfunction or an adaptive defence mechanism, for example suppression in asthmatics means no bronchoconstriction occurs.

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Illness and sleep disorders

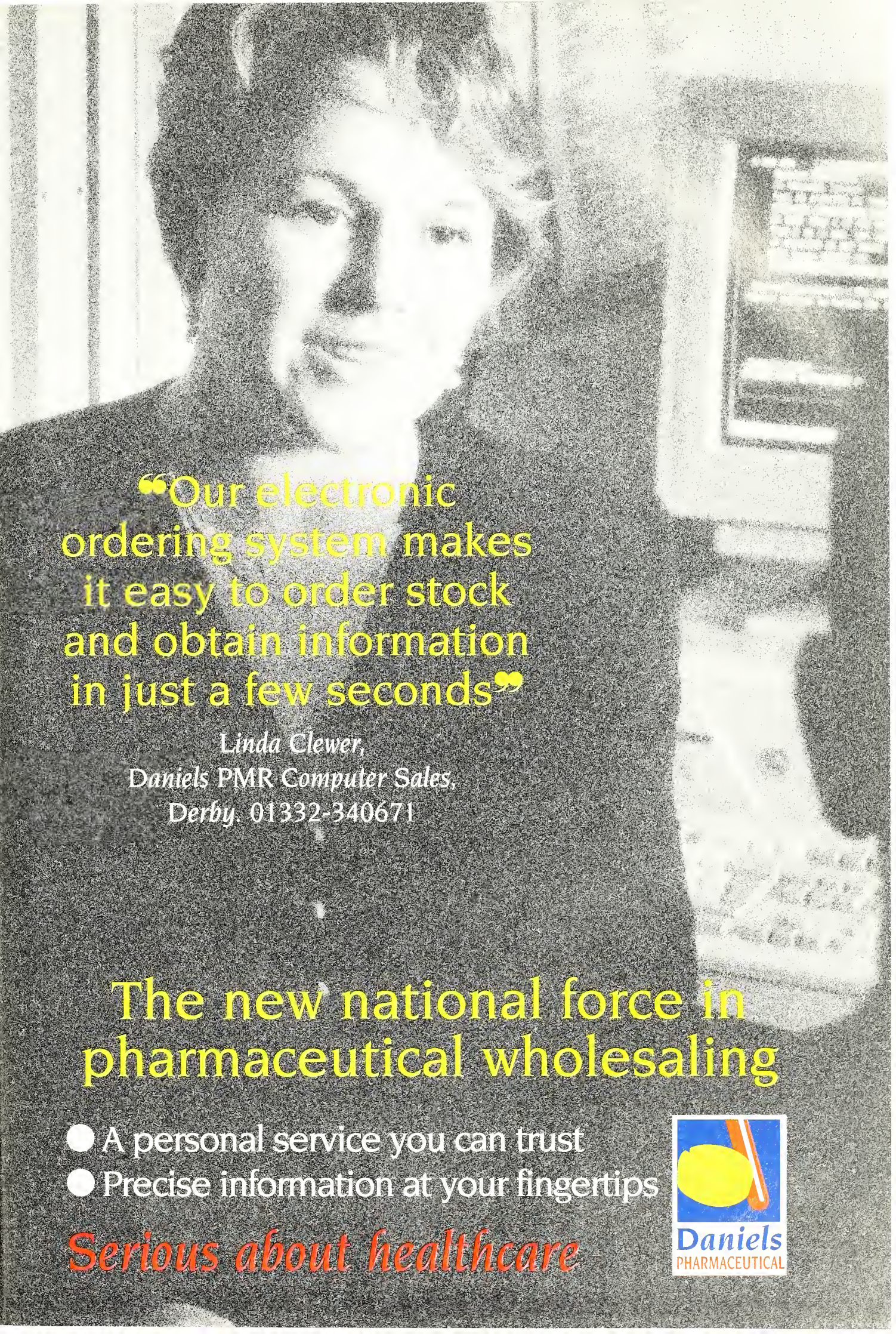
● **Insomnia** – mood and anxiety disorders can cause difficulty in falling asleep (initial insomnia), as can depression. However, the latter can be accompanied by early morning waking, where sufferers wake in advance of their normal time. This phenomenon is also seen in the elderly.

In addition, any painful medical condition, may also cause difficulty in sleeping. Other conditions which may lead to insomnia are hypothyroidism, diabetes and hypocalcaemia.

● **Alteration to REM sleep** – nocturnal asthma, migraine, cardiac disturbances.

● **Reversal in sleep rhythm** – head injury, encephalitis.

● **Hypersomnia** – may be transient, eg influenza, or chronic, eg hypothalamus or brain stem lesions, encephalitis, myalgic encephalitis, severe anaemia, hypoglycaemia or another symptom of depression (around 20 per cent of depressives suffer hypersomnia).



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The acid test

The public and the health service is looking towards pharmacy more and more for diagnostic screening. But while setting up a screening clinic may raise job satisfaction for pharmacists and reinforce their status within the primary care team, fitting it around the existing pharmacy business needs careful consideration and planning.

Trial and error is one way of putting such ideas into practice. An even better way is learning by example and drawing on the experience of community pharmacies which already have such services up and running.

Trevor Laycock, a pharmacist from Stockton-on-Tees, Cleveland, started diagnostic screening in Laycock Chemists almost ten years ago. He is continually looking to expand the service to meet the needs of the local community and nearby general practice surgeries. Here is his story:

Why was a diagnostic screening service set up?

It was at the request of a local doctor and diabetic specialist nurse (for a blood glucose monitoring service).

Screening services available and commercial viability:

- Pregnancy (Abbot and Checkmate tests) – commercially viable; £5 charged per test. The pharmacy does not sell any home pregnancy tests because Mr Laycock believes in the professional responsibility of giving post-test advice

- Blood glucose monitoring (Accutrend) – free service to customers supported by Boehringer Mannheim. Demand has doubled each year for the last three years, with the number of diabetic patients visiting the pharmacy rising to 300 (the national average is 50)

- Cholesterol (Accutrend GC meter) testing was discontinued because of an overlap with Wellmen and Well-woman clinics

- Strep A (Abbott) test identifies risk factor for throat infections, rheumatic fever and sub-acute bacterial endocarditis. More than one in seven tested positive for beta-haemolytic strep A and needed referral to the GP. The lack of protocols for referral caused problems and the service was discontinued as initial free trials proved unsuccessful if taken on commercially

- INR (International Normalised



how was it for you?

So you're toying with the idea of in-pharmacy diagnostic screening, but want to know if it will work for you. Here is one pharmacist's success story

Ratio for warfarin using Coaguchek) – currently undergoing a feasibility study

- Biochemical evaluation using Reflotron – 16 tests including lipid profile (provides a better picture than a cholesterol test), gout, liver function, uric acid and potassium levels – still the subject of feasibility studies.

What about overall benefit to pharmacy business?

Diagnostics generate an annual revenue of £20,000. Prescriptions and products associated with diagnostic services (including nebulisers) have increased six-fold above normal projected levels from the local population.

Is there any form of collaboration with other healthcare professionals?

GPs and specialist nurses refer patients from diabetic clinics and surgeries to the pharmacy for blood glucose monitoring and advice on diagnostic equip-

ment. Pharmacists in nearby towns – Ian Bell (Bellpharm Pharmacy, Middlesbrough) and David Miller (Miller Chemists, Spennymoor, co Durham) – have also become involved to increase accessibility to interested patients (particularly with diabetes). Both pharmacies have seen an increase in diagnostic business and referral from the local hospital.

What are the practicalities of setting up a diagnostic service?

- Funding – no financial funding from the local family health services authority; fees charged to patients are based on small profit margins on each test and servicing the machines. Some companies provide machines on a free trial basis

- Training – strong input from Boehringer Mannheim; also from Bayer and Pharmforce. Training includes handling customer requests, problem solving, VAT

exemption requirement

- Advertising – word of mouth, referrals, contacts via representatives from the various diagnostic companies

- Time and space – set up in the old dispensary, service runs smoothly alongside other pharmacy services, but may cause problems in heavy dispensing stores, eg in health centres.

Are there any problems with the service?

We only deal with companies where a reasonable profit margin is available to support our investment in product, back-up services and spares. Some firms offer identical terms to retailers and customers direct.

What about developing the service in the future?

It depends on the outcome of current feasibility studies. We are also looking to increase mail order supplies (showing most growth at the moment) and staff involvement, and to computerise records to facilitate analysis of growth/profits, and develop links with companies offering ancillary/linked services.

Is there any feedback from customers?

Very positive. A frequent comment is "we did not know that services like this existed". Because we refer patients to their local pharmacies for ongoing care, we often receive favourable comments from other pharmacists, too.

Any advice for other pharmacists wanting to set up a diagnostic service?

Do your homework carefully. Only deal with companies prepared to give back-up service, support and training. Make sure the service is profitable from day one.

What are your views on home tests versus in-pharmacy tests?

Testing in pharmacy enhances self-testing technique, as we prefer to let the patients perform their own test under supervision and to then clarify inaccuracies.

And in conclusion?

Independents with moderate prescription volume and low OTC income need to exploit those commercial areas which will increase the volume of business and counteract the effects of reduced NHS margins. This means taking on areas which are either unattractive to other healthcare professionals or where patients have been largely left to their own devices.

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Technical hitch

The High Street is hitching up to medical technology in a big way. But how far can diagnostic screening go? Fawz Farhan checks out the marketplace

Medical technology is moving out of hospitals and GP clinics to the more accessible domain of the High Street. And it is not stopping at ovulation predictor kits and cholesterol tests. Biotechnology, the buzz word among R&D scientists everywhere, will be hitting town at the end of the year when the country's first 'gene shop' opens its doors in Manchester.

The drop-in advice centre was dreamt up by Dr Maurice Super, head of clinical genetics at the Royal Manchester Children's Hospital, in response to public demand for information on genetic disease. Staff will advise and refer where needed.

Many pharmacies already offer diagnostic services, from simple pregnancy tests to more sophisticated biochemical evaluations. However, the 'gene shop' idea could pave the way for 'diagnostics shops' in the future, where pharmacists concentrate exclusively on undertaking screening tests and following up results.

The diagnostics market is gearing up to the Government strategy of people taking care of their own health by developing sophisticated tests which can be carried out in the pharmacy or at home.

Pregnant pause

Pregnancy tests are predominantly done at home for ease, convenience and privacy. Unipath, maker of the in-pharmacy testing package Clearview HCG, believes professional pregnancy

testing is increasing because financial pressures on the NHS are limiting testing done by GPs.

It also believes women are reassured by having a professional performing the test. Unipath offers pharmacies a comprehensive POS package, a telephone advice line, and a series of training courses.

Carter-Wallace, which makes First Response and Discover 2 home pregnancy tests, plans to enter in-pharmacy pregnancy testing for the first time in the second half of this year. Although most market growth will still be confined to home-tests, David Thompson, director of domestic marketing at Carter-Wallace, believes in-pharmacy tests have some advantages: they are cheaper, diagnosis comes

from a trained source and the pharmacist can give further advice and answer 'what now?' questions if the result is positive.

Mr Thompson believes that diagnostics as a whole is still in its infancy in this country, but is likely to play a greater part in the pharmacist's future role. "The US market is further advanced, with tests for bowel cancer, vaginitis and strep throat. It will only be a matter of time before these tests make their way to the UK."

A new development to the ovulation predictor market is the Lady Fertility Tester (\$44.95), a lipstick-style 'lick 'n' look' test from Near Patient Testing, set for release in the spring.

A saliva sample is viewed through a precision lens: a fern pattern, rather than shapeless

dots, means the woman is fertile, as hormonal and chemical changes affect saliva anywhere from two to five days before and after ovulation.

Dr Robert Barlow, a co-partner in the company, is particularly interested in results of a US study which show the period of fertility is confined to the five days leading up to ovulation and the day of ovulation itself. "If the research is confirmed in other trials, it suggests the simple, reusable Lady Fertility Tester has advantages over existing methods because it will also indicate the more fertile pre-ovulatory period."

More discrete

Developments in blood glucose monitoring have centred around making lancing more comfort-



Carter-Wallace's premium brand, First Response, will be improved from March with quicker and easier to read results, backed by a £400,000 ad spend, new leaflets and POS material. Last year, Discover 2 replaced Discover Today as a cheaper alternative to First Response



Medisense gives people the choice of using either a pen or card blood glucose meter

able and producing more discrete meters that are easier and quicker to use.

Boehringer Mannheim is the biggest player in this market with around 70 per cent of the total UK blood glucose testing market.

Roy Allwood, spokesman for BM, says it is difficult to estimate market worth. "It is hard to know because of discounting and give-aways to practices."

Independent research has shown that of the 1.4 million diabetics in this country, Type 1s (insulin dependents) are more likely to monitor blood glucose regularly and more inclined to use a meter than Type 2 diabetics.

Last year, BM launched Accutrend Alpha (retail \$29), a smaller, more discrete version of the original Accutrend. It produces results in 12 seconds.

The company also introduced Softclix (\$12.99 plus VAT), a pen-size 'kinder' lancing device, featuring six penetration depth settings, which is said to reduce the risk of painful contact with nerve endings.

Becton Dickinson is concentrating on educating pharmacists. Last October, it launched 'Connect', a free bimonthly educational newsletter, as part of its Diabetes Friendly Pharmacy scheme.

Medisense believes pharmacists are underutilised when it comes to diagnostic testing, but that their role could be enhanced through accessible information, training and guidance.

Last December, the company

launched two blood glucose sensors in a pen and a card format (retailing at \$35 each). They are similar to the original Exectech card, but they are quicker, have a larger memory and need a smaller sample size.

Medisense hopes to release a computer package in spring for downloading information from the sensor to a PC to allow better interpretation of results.

Bayer, which also has a diabetes customer care helpline, launched a new gentler lancet in January for use with Glucolet. The finer 25 gauge Ames lancets, available on the NHS, replace the existing 23 gauge versions.

Cholesterol criteria

The range of home cholesterol tests has been limited, probably due to the proliferation of Wellman and Well-woman clinics and health promotion roadshows.

BM's Accutrend GC (\$199 plus VAT), a pocket-sized meter, which measures total cholesterol and blood glucose levels, is a popular monitor for use in the pharmacy.

Cholesterol testing doesn't distinguish between high-density lipoproteins and low-density lipoproteins. Reflotron, although not widely used in pharmacies because of cost, assesses lipid profiles, thereby giving a more accurate picture. Reflotron can undertake 15 other biochemical evaluation tests, ranging from potassium levels to uric acid.

The sphygmomanometer (cuff and pump blood pressure moni-

tor) could become a relic of the past if the UK decides to follow Sweden and Germany in banning the mercury in such meters. They are gradually being replaced by machines that target different access points, such as fingers and wrists. Last September, Omron Healthcare, the world leader in blood pressure monitors, launched Omron R3 (\$149.95), a fully-automatic monitor worn like a wristwatch.

Stevens Advanced Weighing Systems has entered the blood pressure monitoring market with its VSH model, a small desk-top unit which uses upper arm cuff measurements.

Coagulation testing

Interest in coagulation monitoring in the community is increasing and a number of pharmacists are participating in initiatives with local hospitals. At present, community pharmacists are responsible for carrying out the test, but in future they could, like their hospital counterparts, become more involved in adjusting oral anticoagulant therapy.

Coaguchek, from BM, monitors warfarin therapy by determining prothrombin time from one drop of capillary blood in three minutes. It can be used in the home or in the pharmacy. Coaguchek Plus is more advanced and monitors both warfarin and heparin therapy by measuring prothrombin time and activated partial thromboplastin time. Capillary or venous whole blood samples are used, but testing is normally confined to hospitals.

Focus on *H pylori*

Interest in *Helicobacter pylori*, a gram-negative spiral flagellated bacteria, has grown in recent

years since it was implicated in peptic ulcer disease. It is present in more than 95 per cent of duodenal ulcer patients and numerous studies have shown that eradicating the infection dramatically lowers the ulcer relapse rate.

As a result, several trials are being carried out on screening for *H pylori* in the community pharmacy.

One non-invasive method used in laboratories is the urea breath test, based on the bacteria's unusually potent enzyme urease. The patient drinks urea containing a labelled carbon atom. If this reappears in exhaled carbon dioxide it shows that infection is present.

Another method is detecting the presence of IgG antibodies to *H pylori* in diluted human blood. Cortecs Diagnostics uses this method in Helisal Rapid Blood.

Looking to the future

Diagnostic tests are getting more sophisticated and yet simpler to perform.

The race is on among manufacturers of blood glucose monitoring to produce a non-invasive test that would eliminate the need for blood samples.

A simple urine test, based on collagen breakdown, can now detect osteoporosis thanks to innovations from Johnson & Johnson and Metra Biosystems. Meanwhile, a mouthwash that can detect patients at risk from heart disease is currently undergoing research.

Such easy to perform tests may soon find their way into the community and pharmacists must prepare themselves for these opportunities.



Omron R3 blood pressure wrist monitor, launched at the end of last year



Ivex Pharmaceuticals' £3.6 million extension to its Larne plant in Northern Ireland has been officially opened by Sir Patrick Mayhew, the secretary of state. The extension to the factory, which produces sterile infusion and irrigation systems, means that production capacity has increased to 25 million units a year

Cost of crime falls to £1.5bn

Crime cost retailers \$1.5 billion in 1994-95, a drop of 28 per cent on the 1993-94 figure of \$2.1bn.

State of the art closed circuit television systems in towns, Shop Watch schemes and investment by retailers in crime prevention have brought about this fall, according to David Quarmby, chairman of the Retail Action Group for Crime Prevention. Retailers spent \$526 million on crime prevention in 1994-95.

Customer theft accounted for 45 per cent of the losses (up from 34 per cent in the previous year), followed by staff theft (30 per cent) and burglary (11 per cent).

Over 2,250 pharmacy outlets took part in the British Retail Consortium's Retail Crime Costs survey, which covered 52,709 retail premises in the UK.

The survey showed that pharmacies are more at risk from attempted burglary than any

other sector. Attempted burglaries rose from 21 per 100 outlets in 1993-94 to 28 per 100 in 1994-95. Across the retail sector attempted burglaries fell from 161,139 in 1993-94 to 117,544.

The number of completed burglaries in the pharmacy sector also rose on the previous year to 29 per 100 outlets. Pharmacists' shops were one of the few areas where burglaries were up on the previous year. Over 42 per cent experienced by pharmacists were repeat attacks.

Robberies (which involve violence or the threat of violence) from pharmacies remained at a similar level to last year: four outlets per 100. Across the retail sector, robberies and till snatches rose 17 per cent to 15,838.

Episodes of physical violence towards staff fell 4 per cent on the previous year, but threats of violence and the incidence of

verbal abuse were up 9 and 15 per cent respectively.

Retail losses from cheque fraud cost \$8.3m, down 53 per cent, and the BRC says that this may be attributed to customers preferring debit and credit cards to cheques. Plastic card fraud cost \$3.6m, down 60 per cent on last year. Counterfeit banknote losses amounted to \$1m, down 44 per cent. However, other fraud losses trebled to \$9.1m. The BRC believes that this is due to the use of catalogue and electronic shopping, where retailers bear the cost of the fraud.

The BRC has issued three booklets, 'Preventing burglary', 'Preventing robbery' and 'Preventing violence against staff', to help small retailers tackle crime. Three more booklets 'Making arrests', 'Preventing external fraud' and 'Customer theft' will be published later this year.

Self-medication market set to grow

The European self-medication market is the second largest in the world and is growing by 6 per cent a year.

The UK market will grow slightly faster than Europe, with a predicted rate of 7 per cent, according to a new report, 'Self Medication in Europe', from James Dudley Management.

The main growth drivers in the European OTC industry will be the development of self-medication in Eastern and Central Europe; reclassification of medicines from POM to P; healthcare reforms reducing the availability of prescription medicines for minor ailments; and activity among manufacturers to build consumer demand and exploit Rx to OTC opportunities.

Germany and the UK currently lead Europe in the POM to P switch stakes. Each saw 67

active ingredients switched by August, 1995.

Europe accounts for 29 per cent of the world OTC market. France and Germany are by far the largest markets, with 28 and 27 per cent shares respectively. The UK comes in third with 11 per cent.

The largest self-medication category in Europe is the upper respiratory tract (23 per cent), followed by pain relief (21 per cent) and gastro-intestinals, and vitamins, minerals and supplements (both 16 per cent).

The report predicts that pharmacies and drugstores will have greater buying power by 2006 as the result of increased formation of trading groups and development of chains and franchising.

For copies of the report, price \$3,750, contact James Dudley Management. Tel: 01494 525385.

Lloyds' share price climbs on rumours of Gehe counterbid

Lloyds' share price has climbed this week as rumours of a counterbid for the company from German wholesaler Gehe persist.

Gehe, which owns AAH in the UK, has issued a statement saying that it is considering whether to make a bid for Lloyds and has requested financial information about the company. A spokesman for Gehe would not comment further on the likelihood or timing of a possible bid.

Analysts believe that the benefits of a takeover are similar for both Gehe and Unichem.

Lloyds issued a statement in response to the announcement from Gehe, saying that the board will be trying to determine over the next few days whether Gehe is prepared to make an offer. In the light of this, it recommends

that its shareholders should defer taking any action in relation to the offer from Unichem. The first closing date for the Unichem offer is February 14.

As C&D went to press, Lloyds' shares stood at 445p, considerably higher than the Unichem offer, which values ordinary shares at 396p. Unichem shares have fallen slightly over the week.

● Pradip Pattni has a High Court action against two Lloyds' companies (Farillon and Barclay Pharmaceuticals) set for trial on May 13. Vitalia products, the subjects of the claim, are sold through Lloyds' retail outlets. A summons has been issued against Farillon and Barclay to make available certain documents relevant to the case.

Bayer to sell skin care and sweeteners

Bayer's consumer care business group is selling its skin and body care lines and its artificial sweetener business to concentrate on core non-prescription medicines and anti-insect products.

Bayer is negotiating with Sara Lee in the Netherlands (a subsidiary of the US consumer group Sara Lee Corporation) over the products, which had sales amounting to DM230 million in 1995 (\$1=DM2.24).

Bayer says that the items up

for sale, including the Delial sun-tan range and Natreen (reduced calorie sweeteners and foods), still have considerable growth potential, which would be better exploited by a company for which skin and body care, and nutrition are core areas.

The Bayer products would complement Sara Lee's existing lines, which include Sanex, Radox and Matey. Sara Lee is looking to build up its German operations.

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EC approves Kimberly-Clark/Scott merger

The European Commission has finally approved the proposed merger between Kimberly-Clark and Scott Paper. However, the companies must divest some brands in the UK and Ireland before they can go ahead.

The merger, which was announced in July, 1995, brings together a number of strong brands, including Kleenex, Andrex, Scottex and Kimwipes. Kimberly-Clark's strengths in facial tissues, nappies and feminine care are complemented by Scott's in toilet tissue and kitchen towels.

In December, 1995, the EC allowed the companies to progress with the merger on condition that they manage their European operations separately pending a final decision. The EC has now said that Kimberly-Clark will not be able to combine its Kleenex and Scott's Andrex consumer tissue businesses in the UK and Ireland, because of the dominant market position that would arise.

The new company, which will

have annual sales of around \$12 billion, will concentrate on three core businesses:

- consumer tissue products
- personal care products
- away from home products.

However, the companies must sell off Kimberly-Clark's Kleenex toilet tissue business. Whoever buys it will be able to use the Kleenex trademark for a maximum of ten years and Kimberly-Clark has undertaken not to re-enter the market using the trademark for at least 15 years. Similar arrangements will apply to Kimberly-Clark's branded consumer kitchen towels.

The parties must also divest Scott's Scotties and Handy Andies and will undertake not to use the Andrex trademark for consumer facials and handkerchiefs in the UK and Ireland for an indefinite period.

Kimberly-Clark must also sell its tissue mill and converting factory in Prudhoe, Northumberland, as well as the offices, warehouses and distribution centre at the site. It must also downsize its

Larkfield mill in the UK. None of the divestments were part of the original merger plans. These sell-offs will bring Kimberly-Clark's tissue paper production capacity to below 40 per cent of the UK and Ireland market.

The company will open a new headquarters for the UK regional consumer and home away from home businesses, and new offices in Austria and Russia. Kimberly-Clark says that existing supply arrangements will continue while the integration of the companies takes place.

● Tambrands is to take over sales and distribution of Sanelle's Bodyform and Pennywise towels and pantyliners. The agreement makes Tambrands the largest sanitary product supplier in the UK. Sanelle products were distributed by Scott, but this was reviewed after the company's merger.

Tambrands has relocated its UK sales and marketing operation to its headquarters in Woking, Surrey. The agreement with Sanelle will be complete by the end of April.

Childrens World for sale?

Boots is planning to dispose of Childrens World, which sells everything from toys and books to nursery furniture. Childrens World, which was started ten years ago, turned in like for like sales for the third quarter down 1 per cent on last year, the result of severe price competition. Storehouse, owner of Mothercare, has been mentioned as a likely buyer. Boots has declined to comment on rumours of a sale.

Inverness move

Inverness (UK) has moved to new offices and warehouse premises at 950-951 Yeovil Road, Slough, Berkshire SL1 4NH. Tel: 01753 775515.

New perfume company

A new company, The Perfume & Beauty Partnership, will specialise in the distribution and marketing of niche premium perfume and beauty products. The company's first launch will be Very MC in April. Hilary Whittaker will run the company and Bob Mais will be sales manager.

Plastic payments rise

Spending on debit and credit cards rose 16 per cent to over £68 billion in 1995, according to Barclays Merchant Services. Barclays predicts that this figure will increase by a further ten per cent in 1996.

Hanson shuffles Seven Seas

The future of the Seven Seas' cod liver oil and vitamins business was briefly in doubt this week after Hanson, its parent company, announced a radical break-up plan. Hanson is to split into four separately quoted companies: Chemicals; Tobacco; Energy; and Hanson (Building Materials & Equipment). The demergers will be complete by the end of 1996. Seven Seas will become part of Hanson (Building Materials & Equipment), a spokesman has confirmed.

Prix Galien award winners

Roche UK and Glaxo Wellcome have won the 1995 UK Prix Galien awards. Roche won the newly-introduced Prix Galien innovative research award for its work on the development of Invirase (saquinavir INN), an HIV proteinase inhibitor. Glaxo Wellcome won the 1995 UK Prix Galien innovative product award for its epilepsy drug, Lamictal (lamotrigine), described as a significant advance in treatment.

COMPANY IN FOCUS

Clinichem

● Operational rationale?

While many companies obtain NHS contracts by buying a pharmacy complete rather than face the local family health services authority, Clinichem is a little different. Since October, 1991, the company has opened six premises by obtaining new contracts, as well as buying seven existing pharmacies, including the three-outlet chain, G H Rock in Barnsley.

● Why was Clinichem established?

Clinichem is the result of Andrew Duckenfield and Garry Myers' dissatisfaction with the way that pharmacy is practised in the community, coupled with their desire to identify potential greenfield sites. A colleague, Neil White, joined the company shortly after it was established. All three began their careers in multiple pharmacy businesses: Duckenfield with Allen's, and Myers and White with Boots.

● Why this interest in green-field pharmacy sites?

They felt that when pharmacists applied for new contracts "the level and quality of data provision were woefully inadequate. We felt that better, more professional presentations would quite possibly



be more successful. We also had quite a considerable bee in our bonnets about dispensing doctors and had already identified several semi-rural areas that we felt were inadequately served by dispensing doctors and would benefit from the provision of full NHS pharmaceutical services".

● Finance?

Duckenfield and Myers raised funds for Clinichem's first pharmacy by "mortgaging and hocking" everything they owned. Since then, acquisitions have been funded by the Unichem Loan Guarantee Scheme. The mature pharmacies have an 84/16 NHS/OTC business split and turnover similar to the national pharmacy average, although several of the newer pharmacies have not yet reached maturity.

● Employees?

The company employs about 70 people, including around 15 pharmacists. Duckenfield is managing director, Myers is pharmacy superintendent and personnel manager, and White is operations director.

● Plans for the future?

Clinichem has preliminary consents for two more greenfield sites – one in Sheffield and one in Chesterfield – and is acquiring another independent in Chesterfield. The company has two further applications for new contracts in South Derbyshire in the pipeline. Clinichem hopes to continue expanding by buying three pharmacies per year in the Rotherham, Sheffield and Derbyshire areas – making it around 25 pharmacies strong by 2000.

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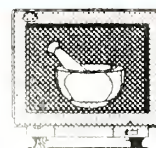
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ABOUT people



The winners (l to r): Jean Davis, Dr Olwyn Dobson and Karen Downing, watched over by WMCS deputy superintendent pharmacist Mike Swan

Co-operation is what you need

The West Midlands Co-operative Society has honoured three of its staff in the pharmacy division for their exceptional customer service skills.

The Manager of the Year award went to pharmacist Karen Downing from the Raynor Road branch in Wolverhampton for providing a first-class service and for promoting the Society's collection and delivery scheme.

Dr Olwyn Dobson and her staff at Franche Road, Kidderminster,

won the Branch of the Year award for building prescription numbers and counter trade.

Pharmacy assistant Jean Davis was named Employee of the Year because "she always puts herself out for any customer". She works at the health and beauty centre, House of Minister, in Lichfield.

The winners were nominated by area and service managers. They were presented with their plaques during a ceremony at the Society's headquarters in Walsall.

APPOINTMENTS

Gerald Schulze has been appointed an executive director at Medeva and will retain specific responsibility for the company's US operations.

Food Brokers has appointed marketing director **Tim Snook** and sales development director **Tobias Cracknell** to its holdings board.

Janet Saunders has been promoted to the position of associate director of perfumery, cosmetics and toiletries at House of Fraser.

National Pharmaceutical Association treasurer **David Thomas** has been elected as the president of the Proprietary Articles Trade Association.



Pharmacy assistant Karen Reeve of Coleman's Pharmacy in Kempston, Bedford, has just won herself £500 of Thomas Cook travel vouchers after coming out top in Zantac 75's pharmacy competition. She is pictured with Warner Wellcome sales representative John Makin

COMING EVENTS

IPMI goes for Jersey

The Institute of Pharmacy Management International will be heading to Jersey for its spring conference on March 8-10.

The venue is the Hotel de France overlooking St Helier. The Saturday talks will cover taxation and pensions. Speakers on Sunday will include IPMI secretary Ian Jones and Dr Alan J Smith, pharmaceutical consultant.

The cost is \$265 per delegate (\$195 for accompanying persons) plus supplements and travel insurance. Details from Dr Smith on 01844 339218.

MONDAY, FEBRUARY 5

Southampton Branch, RPSGB
At Solvay, Solvay House, Gaters Hill, Southampton, 7.30 for 8.00pm. 'The view from Mallinson House' by Wally Dove, chairman, NPA.

TUESDAY, FEBRUARY 6

Bristol Branch, RPSGB
At Southmead PGMC, 7.30 for

8.00pm. 'Sleep - the quiet zone' by Dr Kendrick, clinical scientist, Bristol General Hospital.

Northern Scottish Branch, RPSGB

At Golf View Hotel, Nairn, 7.30 for 8.00pm. 'Travellers' medicine' by Dr Livingstone, consultant in public health medicine, Highland Health Board.

Fife Branch, RPSGB

At Dunnikier House Hotel, Kirkcaldy, 7.45pm. 'Mane et nocte prim' by John Allen, Cairngorm mountain rescue leader.

WEDNESDAY, FEBRUARY 7

Shropshire Branch, RPSGB

At the Princess Royal Hospital, Telford, 7.30 for 8.00pm. 'Drug abuse' by Dr Fletcher of Shelton Hospital.

Bucks Branch, RPSGB

At Forte Posthouse, Aston Clinton Road, Aylesbury, 7.30 for 8.00pm. With speakers from the health authority and PSNC.

Brent Branch, RPSGB

At the Clementine Churchill Hospital (conference room), 7.30 for 8.00pm. 'Health promotion and

the community pharmacist' by Mary Allen, chairman of the Pharmacy Advisory Group to the HEA.

THURSDAY, FEBRUARY 8

Slough, Reading & Berkshire Branches, RPSGB

At Boehringer Ingelheim, Bracknell, 7.30 for 8.00pm. 'A new dawn - *secundum artem* in the 21st Century'.

West Met Branch, RPSGB

At Lambeth headquarters, 2.00pm. Meeting for pre-registration pharmacists on 'Law and ethics, and the role of the Society's inspector'.

Glasgow Branch, RPSGB

At the University's McCance Building (room 1, Level 3), Richmond Street, Glasgow, 7.30 for 8.00pm. 'The Todd lecture - *secundum artem* no more?' by Janet McCabe, Glasgow Royal Infirmary.

Hertford Branch, RPSGB

At Roche Products, Welwyn Garden City, 7.30 for 8.00pm. 'Antioxidants' by Julie Davidson, dietician.

Advance information

King's College London Zeneca Lecture, entitled 'Pharmacy practice: is it a pharmaceutical science?' by Professor A Li Wan Po on **February 12** at the School of Pharmacy, Chelsea, London. Tel: 0171 333 4818.

The College of Pharmacy Practice is holding a College Weekend, entitled 'Your future, our future', at Dunchurch near Rugby on **February 17-18**. Details from the College on 01203 692400.

Drug and Therapeutics Bulletin is holding a symposium on **March 14**, entitled 'From trial outcomes to clinical practice', at The Royal College of Physicians. Details from Anna Pickett on 0171 830 7571.

UK Clinical Pharmacy Association has organised an intensive weekend for pre-reg pharmacy students in hospital and community on **April 12-14** on 'Developing clinical practice skill in pharmaceutical care'. Details available from Pat Kennedy on 0116 277 6999.

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Patients should familiarise themselves with the method of administration. During application the

patient should rest, ideally in the sitting position. **Contraindications:** Hypersensitivity to nitrates or other constituents, hypotension, hypovolaemia, severe anaemia, cerebral haemorrhage and brain trauma, mitral stenosis and angina caused by hypertrophic obstructive cardiomyopathy. **Precautions:** Any lack of effect may be an indicator of early myocardial infarction. As with all glyceryl trinitrate preparations, use in patients with incipient glaucoma should be avoided. **Interactions:** Tolerance to nitrates may occur, alcohol may potentiate any hypotensive effect. **Pregnancy and lactation:** Not generally recommended. **Effects on ability to drive and use machines:** Only as a result of hypotension. **Adverse reactions:** Headache, dizziness, postural hypotension, flushing, tachycardia and paradoxical bradycardia have been reported. **Overdose:** Recovery often occurs without special treatment.

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Further information is available on request from Lipha Pharmaceuticals Limited, Harrier House, High Street, Yiewsley, West Drayton, Middlesex UB7 7QG. Date of preparation: June 1995. LIP 448.



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